

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90052 019 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

20040108

DOCUMENT # L04000029524 1. Entity Name ACCARDI DEVELOPMENT, LLC					
Principal Place of Business 1523 NORTH FRANKLIN STREET TAMPA, FL 33602			Mailing Address 1523 NORTH FRANKLIN STREET TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 03-0540801				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACCARDI, JASON 1523 NORTH FRANKLIN STREET TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACCARDI, JASON 1523 N FRANKLIN STREET TAMPA, FL 33602 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACCARDI, JASON 1523 N. FRANKLIN STREET TAMPA, FL 33602 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACCARDI, JOHN 1523 N FRANKLIN STREET TAMPA, FL 33602 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACCARDI, JOHN 1523 N. FRANKLIN STREET TAMPA, FL 33602 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/28/06 Daytime Phone #: 813 228-7722		