2005 LIMITED LIABILITY COMPANY ANNUAL REPORT 2/2

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90107 018 ****50.00

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1. Entity Name
ADVANCED DEVELOPMENTS, LLC

3000Z600J

Principal Place of Business	Mailing Address
3400 S. TAMIAMI TRAIL SARASOTA, FL 34239	3400 S. TAMIAMI TRAIL SARASOTA, FL 34239

02212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 15571
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SARASOTA FLORIDA
Zip / Country	Zip: 34277 Country: USA

4. FEI Number 20-2311196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUZIER, THOMAS B
3400 S. TAMIAMI TRAIL
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEYWARD, JAMES 3400 S. TAMIAMI TRAIL SARASOTA, FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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] JAMES HEYWARD 2/21/05 941-363-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #