

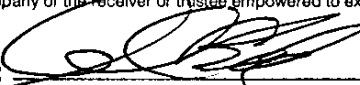


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90029 043 \*\*\*\*50.00

<b>DOCUMENT # L04000032948</b> 1. Entity Name <b>PIKE DEVELOPMENT COMPANY, LLC</b>					
Principal Place of Business <b>C/O JOHN C. BILLS ENTERPRISES 2401 PGA BLVD., SUITE 280 PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>C/O JOHN C. BILLS ENTERPRISES 2401 PGA BLVD., SUITE 280 PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>3950 PCA BLVD</b> Suite, Apt. #, etc. <b>5000</b> City & State <b>PALM BEACH GARDENS, FL</b> Zip      Country <b>33410</b>			
01312005    Chg-LLC    CR2E083 (10/03)				4. FEI Number <b>20-2528112</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARY, JOHN W III ESQ GARY DYTRYCH &amp; RYAN, P.A. 701 US HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BILLS, JOHN C 2401 PGA BLVD., SUITE 280 PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 		<b>John C. Bills</b>		<b>4/26/05</b>	<b>561-627-7551</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	