2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

DOCUMENT # L04000032948 1. Entity Name PIKE DEVELOPMENT COMPANY, LLC							05-05-2006	90027 021 ****5	50.00	
Principal Ptace of Business C/O JOHN C. BILLS ENTERPRISES 2401 PGA BLVD., SUITE 280 PALM BEACH GARDENS, FL 33410			Mailing Address 3950 RCA BLVD 500 PALM BEACH GARDENS, FL 33410				III 8611460 80118 0011 061	: ANI NO 11110 11310 11310 41601 11	11 78 1 111 1 38 1	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc			01182006	Chg-LLC	CR2E083 (11/05)		
City & State			City & State		4. FEI Num: 20-25		— — —	pplied For ot Applicable		
Zip	Zip Country		Zip	Country		1	e of Status Desired	S \$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name an	d Address of New R	egistered Agent		
GARY, JOHN W III ESQ					Name	ime				
GARY DYTRYCH & RYAN, P.A. 701 US HIGHWAY ONE, SUITE 402					Street Address (P.O. Box Number is Not Acceptable)					
NORTH PALM BEACH, FL 33408										
					City FL Zip Code					
	e named entity subm tions of registered a		the purpose of changing its	registered	d office or registe	ered agent, or b	oth, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE	Constitution to the state of th	* · · · · · · · · · · · · · · · · · · ·	ANATE AND THE STATE OF THE STAT	- D started				DATE:		
	Signature, typed or prime	d name of registered agent ar	id title if applicable. (NOTE	:: Registereo	l Agent signature require	ed when reinstating;	T	DATE	. =	
Filing Fee Is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
9. MANAGING MEMBE		RS/MANAGERS	10.		. ADDITIONS/		CHANGES			
TITLE	MGRM		☐ Delete	TITLE				Change	Addition	
NAME	BILLS, JOHN C			NAME						
STREET ADDRESS	2401 PGA BLVD., SUITE 280 PALM BEACH GARDENS, FL 33410				T ADDRESS					
CITY-ST-ZIP	PALM BEACH	SARDENS, FL 33		_	ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME						
STREET ADDRESS										
CITY-ST-ZIP					T ADDRESS ST-ZIP					
CITY-ST-ZIP					ST-ZIP			☐ Change	☐ Addition	
			☐ Delete	CITY-S	ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	:		☐ Delete	CITY-S TITLE NAME STREET	ST-ZIP ET ADDRESS			☐ Change	Addition	
TITLE NAME				CITY-S TITLE NAME STREET	ST-ZIP			_ •		
TITLE NAME STREET ADDRESS			☐ Delete	CITY-S TITLE NAME STREET	ST-ZIP ET ADDRESS ST-ZIP			☐ Change	Addition	

11. I hereby certify that the information supplied with this filling 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 employed to execute this report as required by Chapter 609, Florida Statutes.

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

John Bills SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4 25 2006

561-627-7551

☐ Change

☐ Addition

Daytime Phone #