

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90174 036 \*\*\*\*50.00

**DOCUMENT # L04000032948**

1. Entity Name  
**PIKE DEVELOPMENT COMPANY, LLC**



40115110

Principal Place of Business  
**C/O JOHN C. BILLS ENTERPRISES  
2401 PGA BLVD., SUITE 280  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**3950 RCA BLVD  
5000  
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box #  
**3950 RCA BLVD**

3. Mailing Address

Suite, Apt. #, etc.  
**STE 5000**

Suite, Apt. #, etc.

City & State  
**Palm Beach Gardens, FL**

City & State

Zip  
**33410**

Country

Zip

Country

04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2528112**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GARY, JOHN W III ESQ  
GARY DYTRYCH & RYAN, P.A.  
701 US HIGHWAY ONE, SUITE 402  
NORTH PALM BEACH, FL 33408**

**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, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BILLS, JOHN C  
2401 PGA BLVD., SUITE 280  
PALM BEACH GARDENS, FL 33410** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JCS GENERAL INC  
3950 RCA BLVD STE 5000  
PALM BEACH GARDENS** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

**John C. Bills**

**4/18/07**

Date

**561-627-7551**

Daytime Phone #