


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90282 005 \*\*\*\*50.00

<b>DOCUMENT # L04000041951</b>													
<b>1. Entity Name</b> PAWTUCKET DEVELOPMENT LLC,													
<b>Principal Place of Business</b> 407 WEKIVA SPRINGS ROAD 369 LONGWOOD, FL 32791-665			<b>Mailing Address</b> P.O. BOX 916655 LONGWOOD, FL 32791-665										
<b>20005646</b>													
<b>2. Principal Place of Business - No P.O. Box #</b> 195 Wekiva Springs Rd.		<b>3. Mailing Address</b> Suite, Apt. #, etc.											
Suite, Apt. #, etc. suite # 212.		Suite, Apt. #, etc.											
<b>City &amp; State</b> Longwood FL.		<b>City &amp; State</b>		<b>4. FEI Number</b> 43-2057048									
<b>Zip</b> 32791-6655		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  MNAYARJI, BASSAM H 407 WEKIVA SPRINGS ROAD 369 LONGWOOD, FL 32791-665			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"><b>Name</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">195 Wekiva Springs Rd. Ste 212</td> </tr> <tr> <td style="padding: 5px;"><b>City</b> Longwood F</td> <td style="padding: 5px;"><b>Zip Code</b> FL 32791-6655</td> </tr> </table>			<b>Name</b>		<b>Street Address (P.O. Box Number is Not Acceptable)</b>		195 Wekiva Springs Rd. Ste 212		<b>City</b> Longwood F	<b>Zip Code</b> FL 32791-6655
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<b>City</b> Longwood F	<b>Zip Code</b> FL 32791-6655												
<b>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.</b>  <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> <b>SIGNATURE</b> _____  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:40%; padding: 5px;"> <b>DATE</b> 2-22-07                 </td> </tr> </table>						<b>SIGNATURE</b> _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> 2-22-07						
<b>SIGNATURE</b> _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> 2-22-07												
<b>X Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>										
<b>TITLE</b> MGRM <b>NAME</b> MNAYARJI, BASSAM H <b>STREET ADDRESS</b> 407 WEKIVA SPRINGS ROAD STE 369 <b>CITY-ST-ZIP</b> LONGWOOD, FL 32791-665	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 195 WEKIVA SPRINGS RD. STE. 212. <b>STREET ADDRESS</b> Longwood FL. 32791-6655 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>TITLE</b> MGRM <b>NAME</b> MNAYARJI, MAHA <b>STREET ADDRESS</b> 407 WEKIVA SPRINGS ROAD STE 369 <b>CITY-ST-ZIP</b> LONGWOOD, FL 32791-665	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 195 WEKIVA SPRINGS RD. STE. 212. <b>STREET ADDRESS</b> Longwood, FL 32791-6655 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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<b>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.</b>													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>DATE</b> 2-22-07 <small>Daytime Phone #</small>										