

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT


3/3

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90161 023 \*\*\*\*50.00

**DOCUMENT # L04000045636**

1. Entity Name  
**BUSINESS DEVELOPMENT CENTER, LLC**



Principal Place of Business  
**4239 NORTHLAKE BLVD  
SUITE D  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address  
**4239 NORTHLAKE BLVD  
SUITE D  
PALM BEACH GARDENS, FL 33410 US**

30003820



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1272375**

Applied For  
 Not-Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSSEN, JOSEPH F  
4239 NORTHLAKE BLVD.  
SUITE D  
PALM BEACH GARDENS, FL 33410**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2005

Fee of \$50.00 payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  Delete

NAME **CROSSEN, JOSEPH F**

STREET ADDRESS **4239 NORTHLAKE BLVD., SUITE D**

CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

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TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Date **3/28/05** **561-626-2778**

Date Cayman Phone #