


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000045636 1. Entity Name BUSINESS DEVELOPMENT CENTER, LLC |  |
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|---|---|
| Principal Place of Business 3307 N LAKE BLVD STE 107 PALM BEACH GARDENS, FL 33410 US | Mailing Address 3307 N LAKE BLVD STE 107 PALM BEACH GARDENS, FL 33410 US |
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-LLC CR2E083 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 20-1275535 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
3307 N LAKE BLVD
STE 107
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CROSSEN, JOSEPH F 3307 N LAKE BLVD STE 107 PALM BEACH GARDENS, FL 33410 |
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03/27/07-80054-018 50.00

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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Joseph F. Crossen** 3/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #