

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90088 001 ***500.00

DOCUMENT # L04000046507
 1. Entity Name
CBCI DEVELOPMENT GROUP, LLC



Principal Place of Business Mailing Address
THE KRESS BUILDING, SUITE 205 **C/O ERNEST L. MASCARA, P.A.**
475 CENTRAL AVENUE **475 CENTRAL AVENUE, SUITE 202**
ST. PETERSBURG FL 33701 **ST. PETERSBURG FL 33701**
US **US**

00011010



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1950 Lake Ave SE **1950 Lake Ave S.E.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#B **#B**

1st MOORE CR2E083 (10/06)

City & State City & State
Largo, FL **Largo, FL**
 Zip Country Zip Country
33771 **Pinellas** **33771** **Pinellas**

4. FEI Number **20-1269243** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MASCARA, ERNEST L
THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG FL 33701

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 _____ (NOTE: Registered Agent signature required when translating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1950 Lake Ave SE #B Largo, FL 33771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUMMERFORD, ALLEN 101 WEST EDEN STREET, SUITE C EDENTON NC 27932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPENCER, JAMES 1401 SOUTH FOR HARRISON AVENUE CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: April Charles / April Charles 5-1-07 (727) 581-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #