

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049474

Entity Name: G2B DEVELOPMENT, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

309 HARBOR DR
BELLEAIR BEACH, FL 33786 US

New Principal Place of Business:

1951 BRIGHTWATER BLVD NE
ST PETEGSBURG, FL 33704 US

Current Mailing Address:

309 HARBOR DR
BELLEAIR BEACH, FL 33786 US

New Mailing Address:

1951 BRIGHTWATER BLVD NE
ST PETEGSBURG, FL 33704 US

FEI Number: 20-1347674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, GREGORY A
28050 U.S. 19 NORTH
SUITE 100
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SZASZ, STEVE
Address: 309 HARBOR DR
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: MGR () Delete
Name: SZASZ, ROBERT
Address: 309 HARBOR DR
City-St-Zip: BELLEAIR BEACH, FL 33786 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SZASZ, STEVE
Address: 1951 BRIGHTWATER BLVD NE
City-St-Zip: ST PETEGSBURG, FL 33704 US

Title: MGR (X) Change () Addition
Name: SZASZ, ROBERT
Address: 1951 BRIGHTWATER BLVD NE
City-St-Zip: ST PETEGSBURG, FL 33704 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE SZASZ

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date