

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051878

FILED
Jan 06, 2006
Secretary of State

Entity Name: DANFORTH DEVELOPMENT, L.L.C.

Current Principal Place of Business:

15440 ALDAMA CR.
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

PO BOX 494277
PORT CHARLOTTE, FL 33949

New Mailing Address:

PO BOX 3246
PLACIDA, FL 33946

FEI Number: 20-1553559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWENS, CAMILLA M
15440 ALDAMA CR.
PORT CHARLOTTE, FL 33981 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: OWENS, CAMILLA M
Address: 15440 ALDAMA CR.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM () Delete
Name: DEVES, M. JOSEPH
Address: 15440 ALDAMA CR.
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAMILLA M. OWENS

PRES

01/06/2006

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