

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052023

FILED
Sep 08, 2006
Secretary of State

Entity Name: LAS CALINAS DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

10961 BURNT MILL ROAD, #621
JACKSONVILLE, FL 32256

New Principal Place of Business:

1289 LOCH TANNA LOOP
JACKSONVILLE, FL 32259 US

Current Mailing Address:

10961 BURNT MILL ROAD, #621
JACKSONVILLE, FL 32256

New Mailing Address:

1289 LOCH TANNA LOOP
JACKSONVILLE, FL 32259 US

FEI Number: 37-1493548 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMILEY, DOUGLAS V
10961 BURNT MILL ROAD, #621
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

RITTER, LEWIS L IV
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US

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: LEWIS LEVI RITTER IV

09/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMILEY, DOUGLAS V
Address: 10961 BURNT MILL ROAD, #621
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMILEY, DOUGLAS V
Address: 1289 LOCH TANNA LOOP
City-St-Zip: JACKSONVILLE, FL 32259 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: DOUGLAS V. SMILEY

MGRM

09/08/2006

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