

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053467

FILED  
Jul 16, 2006  
Secretary of State

**Entity Name:** APPLGATE DEVELOPMENT SYSTEMS 1, LLC.

**Current Principal Place of Business:**

2238 EDELWEISS LOOP  
TRINITY, FL 34655

**New Principal Place of Business:**

P.O. BOX 1207  
ELFERS, FL 34680

**Current Mailing Address:**

2238 EDELWEISS LOOP  
TRINITY, FL 34655

**New Mailing Address:**

P.O. BOX 1207  
ELFERS, FL 34680

FEI Number: 20-1387121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

APPLEGATE, KIMBERLY M  
2238 EDELWEISS LOOP  
TRINITY, FL 34655      US

**Name and Address of New Registered Agent:**

APPLEGATE, DAVID D  
2639 MLK / 9TH STREET NORTH  
ST. PETERSBURG, FL 33734      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: DAVID D. APPLGATE

07/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: APPLGATE, KIMBERLY M  
Address: 2238 EDELWEISS LOOP  
City-St-Zip: TRINITY, FL 34655

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: APPLGATE, DAVID D  
Address: P.O. BOX 1207  
City-St-Zip: ELFERS, FL 34680

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: DAVID D. APPLGATE

MGR

07/16/2006

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