2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L04000053483

Entity Name: FLORIDA FAMILY DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

10130 NORTHLAKE BOULEVARD
SUITE 214-174
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

10130 NORTHLAKE BOULEVARD
SUITE 214-174
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 20-1381374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, DOROTHY L
353 OSBORNE DRIVE
PALM SPRINGS, FL 33461 US

Name and Address of New Registered Agent:

CROWLEY, SUZANNE R
10130 NORTHLAKE BLVD.
#214-174
PALM BEACH GARDENS, FL 33412 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: SUZANNE R. CROWLEY 04/16/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CROWLEY, BRIAN P
Address: 10130 NORTHLAKE BOULEVARD, SUITE 214-174
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM ( ) Delete
Name: CROWLEY, SUZANNE
Address: 10130 NORTHLAKE BOULEVARD, SUITE 214-174
City-St-Zip: WEST PALM BEACH, FL 33412

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: SUZANNE CROWLEY MGRM 04/16/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date