

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000058278**

1. Entity Name  
**SFS DEVELOPMENT GROUP, LC**



Principal Place of Business  
**2002 SOUTHSIDE BOULEVARD  
SUITE 100C  
JACKSONVILLE, FL 32216 US**

Mailing Address  
**2002 SOUTHSIDE BOULEVARD  
SUITE 100C  
JACKSONVILLE, FL 32216 US**



01272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0882114**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DOYLE, WILLIAM E ESQ  
2002 SOUTHSIDE BOULEVARD  
SUITE 201  
JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William E Doyle

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
STARKE, STEPHEN M  
5527 DOVER CREST LANE  
JACKSONVILLE, FL 32258**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SINGLETARY, PATRICK M  
6099 HECKSCHER DRIVE  
JACKSONVILLE, FL 32266**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

U00000412152  
02/10/06-80036-012 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/27/06

Date

904-881-6080

Daytime Phone if