
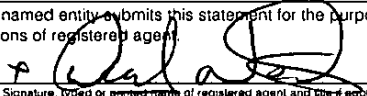
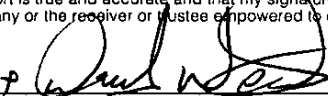


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90047 048 \*\*\*\*50.00

<b>DOCUMENT # L04000060293</b>					
<b>1. Entity Name</b> NEALE DEVELOPMENT, L.C.					
<b>Principal Place of Business</b> 3989 LANSING AVENUE COOPER CITY, FL 33026 US			<b>Mailing Address</b> 1930 TYLER STREET HOLLYWOOD, FL 33020 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3989 Lansing Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cooper City, FL		<b>4. FEI Number</b> 83-0410297	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 33026		Country US		02192005 Chg-LLC CR2E083 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  GOMEZ, MICHAEL W ESQ. 1930 TYLER STREET HOLLYWOOD, FL 33020			<b>7. Name and Address of New Registered Agent</b> Name <b>David A. Neale</b> Street Address (P.O. Box Number is Not Acceptable) 3989 Lansing Avenue City <b>Cooper City</b> <b>FL</b> <b>33026</b>		
<b>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.</b>					
SIGNATURE 		<b>David A. Neale Member</b>		DATE <b>4/29/05</b>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEALE, DAVID A 3989 LANSING AVENUE COOPER CITY, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEALE, VALERIA P 3989 LANSING AVENUE COOPER CITY, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEALE, LAWRENCE G 3989 LANSING AVENUE COOPER CITY, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE: 		<b>David A. Neale Member</b>		DATE <b>4/29/05</b> 954-435-6292	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					