

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000060293

1. Entity Name
NEALE DEVELOPMENT, L.C.



Principal Place of Business
**3989 LANSING AVENUE
COOPER CITY, FL 33026 US**

Mailing Address
**3989 LANSING AVENUE
COOPER CITY, FL 33026 US**



04012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0410297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEALE, DAVID A.
3989 LANSING AVENUE
COOPER CITY, FL 33026**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**000000561440
05/19/06-80012-016 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NEALE, DAVID A
STREET ADDRESS	3989 LANSING AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	MGRM
NAME	NEALE, VALERIA P
STREET ADDRESS	3989 LANSING AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	MGRM
NAME	NEALE, LAWRENCE G
STREET ADDRESS	3989 LANSING AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: X **David A. Neale**

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

X 28th APR 06

Date

954-435-6292

Daytime Phone #