

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90136 049 \*\*\*138.75

**60010426**



<b>DOCUMENT # L04000061042</b>					
<b>1. Entity Name</b> ALLIED CAPITAL AND DEVELOPMENT OF SOUTH FLORIDA, LLC					
<b>Principal Place of Business</b> 3300 PGA BLVD., STE. 330 PALM BEACH GARDENS, FL 33410			<b>Mailing Address</b> 3300 PGA BLVD., STE. 330 PALM BEACH GARDENS, FL 33410		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 02-0611800	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MASTROIANNI, NICHOLAS A II 3300 PGA BLVD., STE. 330 PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTROIANNI, NICHOLAS A 3500 PGA BOULEVARD SUITE 330 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mastroianni & Sons, LLC 3300 PGA Blvd., Suite 330 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mastroianni & Sons, LLC 3300 PGA Blvd., Suite 330 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mastroianni & Sons, LLC 3300 PGA Blvd., Suite 330 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mastroianni & Sons, LLC 3300 PGA Blvd., Suite 330 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mastroianni & Sons, LLC 3300 PGA Blvd., Suite 330 Palm Beach Gardens, FL 33410	<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 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.</b>					
<b>SIGNATURE:</b> _____				Date: 2/8/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					