

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

04-26-2005 90023 001 ****50.00

DOCUMENT # L04000062866 1. Entity Name MARIAH DEVELOPMENT, LLC					
Principal Place of Business 9753 S. ORANGE BLOSSOM TRAIL STE. 101 ORLANDO, FL 32837			Mailing Address 9753 S. ORANGE BLOSSOM TRAIL STE. 101 ORLANDO, FL 32837		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JIMENEZ-DIAZ, P.A. 9753 S. ORANGE BLOSSOM TRAIL STE. 101 ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS ☐ Delete			10. ADDITIONS/CHANGES ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Jimenez 9753 S. Orange Blossom Orlando, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7-20-05 Daytime Phone # _____		