

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062866

Entity Name: MARIAH DEVELOPMENT, LLC

FILED
May 24, 2006
Secretary of State

Current Principal Place of Business:

9753 S. ORANGE BLOSSOM TRAIL STE. 101
ORLANDO, FL 32837

New Principal Place of Business:

9741 S. ORANGE BLOSSOM TRAIL STE. 1
ORLANDO, FL 32837

Current Mailing Address:

9753 S. ORANGE BLOSSOM TRAIL STE. 101
ORLANDO, FL 32837

New Mailing Address:

9741 S. ORANGE BLOSSOM TRAIL STE. 1
ORLANDO, FL 32837

FEI Number: 05-0625053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JIMENEZ-DIAZ, P.A.
9753 S. ORANGE BLOSSOM TRAIL STE. 101
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

JIMENEZ-DIAZ, P.A.
9741 S. ORANGE BLOSSOM TRAIL STE. 1
ORLANDO, FL 32837 US

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.

SIGNATURE:

05/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: JIMENEZ, JIM
Address: 9753 S ORANGE BLOSSOM
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: JIMENEZ, JIM
Address: 9741 S ORANGE BLOSSOM, STE. 1
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JIM JIMENEZ

PST

05/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date