

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90183 022 ****50.00

60016179



01222007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000064698 1. Entity Name MANCINI DEVELOPMENT AUBURNDALE, L.L.C.					
Principal Place of Business 1919 N.W. 40TH CT. POMPANO BEACH, FL 33064			Mailing Address 6850 19 MILE RD. STERLING HTS., MI 48314		
2. Principal Place of Business - No P.O. Box # 3100 SW 15th Street		3. Mailing Address Suite, Apt. #, etc.			
City & State Deerfield Beach, FL		City & State		4. FEI Number 54-2083873	
Zip 33442		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MANCINI, DANIEL C MGRM 1919 N.W. 40TH CT. POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3100 SW 15th Street City Deerfield Beach FL Zip Code 33442		
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 2-13-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, DANIEL C MGRM 1919 N.W. 40TH CT. POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, STEVEN M MGRM 6850 19 MILE RD. STERLING HTS., MI 48314	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, EDWARD A MGRM 6850 19 MILE RD. STERLING HTS., MI 48314	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: DANIEL MANCINI 2-13-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					