
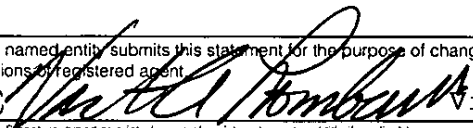


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90209 001 ****50.00
03-24-2005 90209 002 *****5.00

DOCUMENT # L04000069495					
1. Entity Name FFL DEVELOPMENT, LLC					
Principal Place of Business 1576 SMUGGLERS COVE VERO BEACH, FL 32963			Mailing Address 1576 SMUGGLERS COVE VERO BEACH, FL 32963		
2. Principal Place of Business 5055 North A1A Suite, Apt. #, etc.		3. Mailing Address 5055 North A1A Suite, Apt. #, etc.			
City & State Vero Beach, Florida		City & State Vero Beach, Florida		4. FEI Number 43-2063547	
Zip 32963	Country USA	Zip 32963	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOMBARDI, VICTOR A 1576 SMUGGLERS COVE VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Lombardi, Victor A. Street Address (P.O. Box Number is Not Acceptable) 5055 North A1A City Vero Beach FL Zip Code 32963		
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:  Victor A. Lombardi, MGRM Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, VICTOR 1576 SMUGGLERS COVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lombardi, Victor 5055 North A1A Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOGLIA, JOSEPH M 7428 WILES ROAD CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRENCH, CLARK 622 BEACHLAND VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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30004300



03152005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

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

SIGNATURE:  Victor A. Lombardi, MGRM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

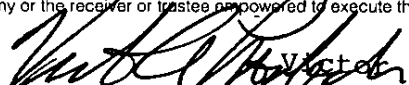
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, VICTOR 1576 SMUGGLERS COVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lombardi, Victor 5055 North A1A Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Victor A. Lombardi, MGRM

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

Date

Daytime Phone #

3-16-08