



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90102 001 ***250.00

DOCUMENT # L04000069495 1. Entity Name FFL DEVELOPMENT, LLC					
Principal Place of Business 5055 NORTH A1A VERO BEACH, FL 32963			Mailing Address 5055 NORTH A1A VERO BEACH, FL 32963		
2. Principal Place of Business 622 Beachland Blvd <small>Suite, Apt. #, etc.</small> Suite 203 <small>City & State</small> Vero Beach, FL <small>Zip</small> 32963		3. Mailing Address 622 Beachland Blvd <small>Suite, Apt. #, etc.</small> Suite 203 <small>City & State</small> Vero Beach, FL <small>Zip</small> 32963			
4. FEI Number 43-2063547				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07102006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent LOMBARDI, VICTOR A 5055 NORTH A1A VERO BEACH, FL 32963			7. Name and Address of New Registered Agent <small>Name</small> Lombardi, Victor A <small>Street Address (P.O. Box Number is Not Acceptable)</small> 622 Beachland Blvd Suite 203 <small>City</small> Vero Beach FL <small>Zip Code</small> 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 <u><i>Victor A Lombardi</i></u> DATE <u>7/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, VICTOR		NAME	Lombardi, Victor A.	
STREET ADDRESS	5055 NORTH A1A		STREET ADDRESS	622 Beachland Blvd Suite 203	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGLIA, JOSEPH M		NAME	Foglia, Joseph M.	
STREET ADDRESS	7428 WILES ROAD		STREET ADDRESS	622 Beachland Blvd Suite 203	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, CLARK		NAME	French, Clark	
STREET ADDRESS	622 BEACHLAND		STREET ADDRESS	622 Beachland Blvd, Suite 203	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Victor A Lombardi</i></u>			Date: <u>7/12/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					