


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000070305</b> 1. Entity Name <b>MPL DEVELOPMENT, LLC</b>					
Principal Place of Business <b>450 NORTH RIVER ROAD VENICE FL 34293</b>			Mailing Address <b>450 NORTH RIVER ROAD VENICE FL 34293 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>54-2160554</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LONCAR, MICHAEL W 450 NORTH RIVER ROAD VENICE FL 34293</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>LONCAR, MICHAEL W</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>450 NORTH RIVER ROAD VENICE FL 34285</b>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>MEMB ZIELINSKI, LESZEK R</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>546 BRIARWOOD ROAD VENICE FL 34293</b>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 Section 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: *Michael W Loncar* Manage Memb. 3/28/06 94426033