
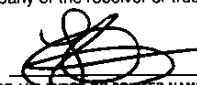


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90342 034 ****50.00

DOCUMENT # L04000072750 1. Entity Name PYTHA DEVELOPMENT, LLC					
Principal Place of Business 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796			Mailing Address 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796		
2. Principal Place of Business - No P.O. Box # 1525 CHENEY HWY		3. Mailing Address 1525 CHENEY HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TITUSVILLE, FL		City & State TITUSVILLE, FL		4. FEI Number 20-1720936	
Zip 32780		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FARO, MICHAEL A 7093 BRACKEN LANE MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGR HATOUM, A. DANNY 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HATOUM, LELA S 2199 ARNOLD PALMER DRIVE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEHAYEB, ZOHEIR S P.O. BOX 730 TITUSVILLE, FL 32781	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMON, RICHARD D 180 SKYLARK MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMON, DAVID J 180 SKYLARK MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, THOMAS J 8410 LEONARD AVE COCOA, FL 32927	<input type="checkbox"/> Delete			
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:  Lela S. Hatoum <i>Mgr.</i> SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date 4-30-07			Daytime Phone # 321-264-9950		