## **2006 LIMITED LIABILITY COMPANY**

SIGNATURE:

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

## Feb 27, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L04000073102 02-27-2006 90432 020 \*\*\*\*50.00 1. Entity Name 7 B'S DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address **782 PINE TREE LANE** P.O. BOX 298 20011288 PALM CITY, FL 34991 PALM BEACH, FL 34990 CR2E083 (11/05) 01232006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1750100 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTER BYNUM **GRARY: LAWRENCE E III** DO NOT WRITE 555 COLORADO AVENUE, SUITE 1 782 SW P. METREE LA STUART, FL 34994-IN THIS SPACE Palm CITY FL 34990 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE S BYNUM, WALTER NAME 782 SW PINETREE LN STREET ADDRESS PALM CITY, FL 34990 CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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.

FILED