2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L04000074 BINSON DEVELOPMENT, L			04-04-2005 904	123 036 ****50.00
Principal Place	a of Business	Mailing Address		2002020	
613 MEADE ROAD BRANDON, FL 33510		613 MEADE ROAD BRANDON, FL 33510		2002636)
2. Principal Place of Business		3. Mailing Address			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005 Chg-LLC C	CR2E083 (10/03)
City & State		City & State		4. FEI Number. Applied For	Applied For Not Applicable
Zip ·	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis	tered Agent
FOWER PROCESS BANKED BA			Name		
FOWLER WHITE BOGGS BANKER,P.A 501 E. KENNEDY BLVD., SUITE 1700			Street	t Address (P.O. Box Number is Not Acceptable)	
ATTN: R. ALAN HIGBEE TAMPA, FL 33602					
(74)11 74,12 00002			City		FL Zip Code
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office of	egistered agent, or both, in the State of Florida	. I am familiar with, and accept
SIGNATURE	e e e e e e e e e e e e e e e e e e e				
* (a) * (a)	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signs	required when reinstating)	DATE
- Fi	ling Fee is \$50.00 ue by May 1, 2005	1. 15. 7.			eck payable to partment of State
				The same of the sa	,
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHA	NGES
TITLE	MANAGING MEMBE	RS/MANAGERS Detete	TITLE	nanaging Director	ANGES Addition
TITLE NAME	MANAGING MEMBE		TITLE NAME	nanaging Director William S. Bobinson	
TITLE	MANAGING MEMBE		TITLE	nanaging Director William S. Babinson 613 Meade Road	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	nanaging Director William S. Babinson 613 Meade Road	
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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 epipowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: William S. Robinson 13-29-05 (813-685-12)

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devision Prone #