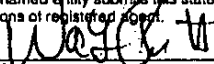


FILED
Apr 19, 2005 8:00 am
Secretary of State

01-25-2005 90084 018 *****5.00
04-19-2005 90027 044 *****45.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000074784			
1. Entity Name OKEECHOBEE DEVELOPMENT, LLC			
Principal Place of Business 12773 W FOREST HILL BLVD 1211 WELLINGTON, FL 33414 US		Mailing Address 12773 W FOREST HILL BLVD 1211 WELLINGTON, FL 33414 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1749305		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		01132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRESCOTT, WARREN L 51 RIVER DRIVE TEQUESTA, FL 33469		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 		DATE 04/19/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME PRESCOTT, WARREN L STREET ADDRESS 51 RIVER DRIVE CITY- ST- ZIP TEQUESTA, FL 33469		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE MGRM NAME UNDERBRINK, ROBERT J STREET ADDRESS 1030 GALLOP DRIVE CITY- ST- ZIP LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE 04/19/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	