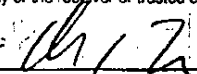


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

01-21-2005 90094 010 ****50.00

DOCUMENT # L04000078175					
1. Entity Name DUNLAWTON DEVELOPMENT, LLC					
Principal Place of Business 632 DUNLAWTON AVENUE SUITE A PORT ORANGE, FL 32127			Mailing Address 632 DUNLAWTON AVENUE SUITE A PORT ORANGE, FL 32127		
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 59-2911904	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIFFRA, ALLAN 632 DUNLAWTON AVENUE SUITE A PORT ORANGE, FL 32127				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 _____ 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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	PRES	☐ Delete			
NAME	ZIFFRA, ALLAN				
STREET ADDRESS	632 DUNLAWTON AVENUE, SUITE A				
CITY-ST-ZIP	PORT ORANGE, FL 32127				
TITLE	VP	☐ Delete			
NAME	RUE, JOHN				
STREET ADDRESS	632 DUNLAWTON AVENUE, SUITE A				
CITY-ST-ZIP	PORT ORANGE, FL 32127				
TITLE	TRES	☐ Delete			
NAME	RUE, JOHN				
STREET ADDRESS	632 DUNLAWTON AVENUE, SUITE A				
CITY-ST-ZIP	PORT ORANGE, FL 32127				
TITLE	SEC	☐ Delete			
NAME	CALDWELL, THOMAS				
STREET ADDRESS	632 DUNLAWTON AVENUE, SUITE A				
CITY-ST-ZIP	PORT ORANGE, FL 32127				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
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)(l), 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: 1/18/05 386 788 7700			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					