

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083787

1. Entity Name
MANCINI DEVELOPMENT CP, L.C.



Principal Place of Business
**1919 NORTHWEST 40TH COURT
POMPANO BEACH, FL 33064 US**

Mailing Address
**6850 19 MILE ROAD
STERLING HTS., MI 48314 US**



01312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1938810	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MANCINI, DANIEL C MGRM
1919 NORTHWEST 40TH COURT
POMPANO BEACH, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**U00000440988
03/03/06-80018-007 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MANCINI, DANIEL C MGRM
STREET ADDRESS	1919 NW 40TH COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33064

TITLE	MGRM
NAME	MANCINI, STEVE M MGRM
STREET ADDRESS	6850 19 MILE ROAD
CITY-ST-ZIP	STERLING HTS., MI 48314

TITLE	MGRM
NAME	MANCINI, EDWARD A MGRM
STREET ADDRESS	6850 19 MILE ROAD
CITY-ST-ZIP	STERLING HTS., MI 48314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

2/1/06

586 739-5210