
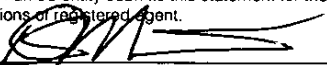
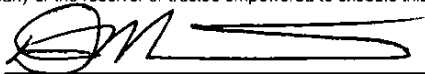


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90183 021 \*\*\*\*50.00

<b>DOCUMENT # L04000083787</b> 1. Entity Name <b>MANCINI DEVELOPMENT CP, L.C.</b>					
Principal Place of Business <b>1919 NORTHWEST 40TH COURT POMPANO BEACH, FL 33064 US</b>			Mailing Address <b>6850 19 MILE ROAD STERLING HTS., MI 48314 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3100 SW 15th Street</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Deerfield Beach, FL</b>		City & State			
Zip <b>33442</b>		Country <b>USA</b>		4. FEI Number <b>20-1938810</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MANCINI, DANIEL C MGRM 1919 NORTHWEST 40TH COURT POMPANO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3100 SW 15th Street</b> City <b>Deerfield Beach FL</b> Zip Code <b>33442</b>		
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  <span style="float: right;">2-13-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, DANIEL C MGRM 1919 NW 40TH COURT POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, STEVE M MGRM 6850 19 MILE ROAD STERLING HTS., MI 48314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, EDWARD A MGRM 6850 19 MILE ROAD STERLING HTS., MI 48314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <b>DANIEL MANCINI</b> <span style="float: right;">2-13-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					