


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L04000084108</b> 1. Entry Name MANCINI DEVELOPMENT IP, L.C.	
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Principal Place of Business 1919 NORTHWEST 40TH COURT POMPANO BEACH, FL 33064	Mailing Address 6850 19 MILE RD. STERLING HTS., MI 48314
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01312006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1938768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MANCINI, DANIEL 1919 NORTHWEST 40TH COURT POMPANO BEACH, FL 33064
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**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 reinstating) DATE \_\_\_\_\_

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

U00000440991  
03/03/06-80018-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, DANIEL C MGRM 1919 NW 40TH COURT POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, STEVE M MGRM 6850 19 MILE ROAD STERLING HTS., MI 48314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANCINI, EDWARD A MGRM 6850 19 MILE ROAD 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:**  **2/1/06 586 739-5210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone If