

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000085777

1. Entity Name
ROYAL CAPRI DEVELOPMENT, LLC



Principal Place of Business
**1304 S DESOTO AVE
200
TAMPA, FL 33606 US**

Mailing Address
**1304 S DESOTO AVE
200
TAMPA, FL 33606 US**

DO NOT WRITE IN THIS SPACE



07052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1978078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANT, JAMES E
1304 S DESOTO AVE
200
TAMPA, FL 33606**

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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 September 6, 2006**

000000570520
07/17/06-80005-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LANDMARK DESIGN AND BUILD, INC.
STREET ADDRESS 1304 S DESOTO AVE #200
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME LD CONTRACTORS, INC
STREET ADDRESS 65 E 150 S
CITY-ST-ZIP VALPARAISO, IN 46383

TITLE MGR
NAME ABBY BUILDING CORP.
STREET ADDRESS 311 S MISSOURI
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

7/6/06