

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90269 030 ****50.00

DOCUMENT # L04000088684 1. Entity Name DEVELOPMENT PARTNERS, LLC					
Principal Place of Business 631 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408			Mailing Address 631 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 631 US Highway 1 Suite, Apt. #, etc. Suite 305 City & State North Palm Beach, FL Zip 33408		3. Mailing Address 631 US Highway 1 Suite, Apt. #, etc. Suite 305 City & State North Palm Beach, FL Zip 33408			
02062006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-2738324	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BLVD., STE. 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Gregory J. Fagan Street Address (P.O. Box Number is Not Acceptable) 631 US Highway 1, Suite 305 North Palm Beach, FL 33408 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 3/14/06					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAGAN, GREGORY J 631 UNITED STATES HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Gregory J. Fagan 631 US Highway 1, Suite 305 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, ERIK R 631 UNITED STATES HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Erik R. Cooper 631 US Highway 1, Ste 305 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGMANN, JEFFREY R 631 UNITED STATES HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Jeffrey R. Bergmann 631 US Highway 1, Ste 305 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRZELKA, MICHAEL 631 UNITED STATES HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Michael Grzelka 631 US Highway 1, Ste 305 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3/14/06 Daytime Phone #		