


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000088684**  
 1. Entity Name  
 DEVELOPMENT PARTNERS, LLC



Principal Place of Business      Mailing Address  
 631 U.S. HIGHWAY ONE, STE 305      631 U.S. HIGHWAY ONE, STE 305  
 NORTH PALM BEACH, FL 33408      NORTH PALM BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**



01172007No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 20-2738324      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FAGAN, GREGORY J  
 631 US HIGHWAY ONE, STE 350  
 NORTH PALM BEACH, FL 33408

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

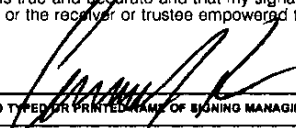
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAGAN, GREGORY J 631 US HWY 1 STE 305 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COOPER, ERIK R 631 US HWY 1 STE 305 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERGMANN, JEFFREY R 631 US HWY STE 305 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRZELKA, MICHAEL 631 US HWY 1 STE 305 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000660672  
 03/20/07-80010-002 50.00

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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:**       3/5/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #