


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000088684 1. Entity Name DEVELOPMENT PARTNERS, LLC	
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Principal Place of Business 631 U.S. HIGHWAY ONE, STE 305 NORTH PALM BEACH, FL 33408	Mailing Address 631 U.S. HIGHWAY ONE, STE 305 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



03122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2738324	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FAGAN, GREGORY J 631 US HIGHWAY ONE, STE 350 NORTH PALM BEACH, FL 33408
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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

UD00000910784
05/07/08-80015-004-138.75-

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	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/15/08
Date Daytime Phone #