FILED Apr 07, 2006 8:00 am Secretary of State

2006	LIMITED			MPANT
	ANNU	JAL REI	PORT	

DOCUMENT # L0500002037 1. Entity Name MONRO DEVELOPMENT COMPANY, LLC							04-07-2006 9	90212 011	****55	.00	
Principal Place of Business 301 E. DANIA BEACH BLVD DANIA, FL 33004 US		Mailing Address 301 E. DANIA BEACH BLVD DANIA, FL 33004 US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012006	Chg-LLC	CR2E083	(11/05)				
City & State		City & State			4. FEI Numb	er 20-217805:	3		plied For t Applicable		
Zip		Country	Zip	Zip Count		<u> </u>	of Status Desired	Fee	.00 Add Required		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name						
BSPA CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD 1000		•		Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33131					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	,	
	named entitions of regist	y submits this statement for	r the purpose of changin	g its register	ed office or register	ed agent, or bo	oth, in the State of Flo	irida. I am fam	iliar with,	and accept	
SIGNATURE .	_		and this if annie this	(NOTE: Repustere	d Agent signature required	when reinstation)		DATE			
Signature, typed or printed name of registered agent and title if applications of the state of t						•		e check paya Department			
9.	Ą	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		STEPHEN F NIA BEACH BLVD L 33004	☐ Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST+ZIP			☐ Delete		- 1				Change	Addition	
TITLE CLAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Ĺ.	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					C	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	i i] Change	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.											
SIGNAT	URE:	AND TYPED OR PRINTED NAME	Ste	phen F.	Snyder		4-30-06 Date		927–4 ne Phone #	.000	