



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90166 001 ****50.00

DOCUMENT # L05000002403 1. Entity Name CAPITAL CIRCLE DEVELOPMENT, LLC					
Principal Place of Business 44 COCONUT ROW PALM BEACH TOWERS B310 PALM BEACH, FL 33480			Mailing Address 44 COCONUT ROW PALM BEACH TOWERS B310 PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box # 44 COCONUT ROW Suite, Apt. #, etc. # B310		3. Mailing Address 44 COCONUT ROW Suite, Apt. #, etc. # B310			
City & State PALM BEACH, FL		City & State PALM BEACH, FL		4. FEI Number 20-2128999	
Zip 33480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEYER, SIDELLE 44 COCONUT ROW PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEYER, Sydelle 44 COCONUT ROW, B310 PALM BEACH, FL 33480
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: SM <i>Sydelle Meyer</i>			Date: 3/2/07 561-689-4601		