
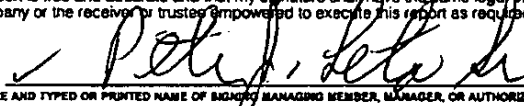


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

05-01-2006 90066 011 ****50.00

DOCUMENT # L05000003780 1. Entity Name L & D FLORIDA DEVELOPMENT II, LLC					
Principal Place of Business 3535 BROKENWOOD DRIVE CORAL SPRINGS, FL 33065			Mailing Address 3535 BROKENWOOD DRIVE CORAL SPRINGS, FL 33065		
2. Principal Place of Business 6171 SHADOW TREE LANE		3. Mailing Address 6171 SHADOW TREE LANE			
Suite, Apt. #, etc. LAKE WORTH		Suite, Apt. #, etc. 			
City & State LAKE WORTH, FLORIDA		City & State LAKE WORTH, FLORIDA		4. FEI Number 65-1223213	
Zip 33463		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LETO, PETER SR. 3535 BROKENWOOD DRIVE CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6171 SHADOW TREE LANE City LAKE WORTH FL Zip Code 33463		
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 re-registering) DATE _____					
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	MGRM LETO, PETER SR. 3535 BROKENWOOD DRIVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DONATO, RICHARD T 7700 DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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.			6171 SHADOW TREE LANE LAKE WORTH, FLORIDA 33463		
SIGNATURE: 			Date _____ Daytime Phone # _____		

30009590



03212006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
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STREET ADDRESS
CITY - ST - ZIP

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LETO, PETER SR.
3535 BROKENWOOD DRIVE
CORAL SPRINGS, FL 33065**

☐ Delete

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**6171 SHADOW TREE LANE
LAKE WORTH, FLORIDA 33463**

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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7700 DAVIE ROAD EXTENSION
HOLLYWOOD, FL 33024**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #