## 2006 LIMITED LIABILITY COMPANY

## ANNUAL REPORT.

**DOCUMENT # L05000007616** 



**FILED** Apr 06, 2006 8:00 am Secretary of State

03-23-2006 90269 006 \*\*\*\*50.00

| 1. Entity Nam OPERAT   | IONAL DE  | VELOPMENT SPE  | ECIALIST (ODS)                                 |  |  |                    |                               |  |                                     |                            |
|--|---|--|--|--|--|--------------------|-------------------------------|--|-------------------------------------|----------------------------|
| Principal Plac   | e of Business   |  | Mailing Address                                |  |  |                    | بد                            |  |                                     |                            |
| 1924 SW AARON LANE<br>PORT ST. LUCIE, FL 34953   |   |  | 1924 SW AARON LANE<br>PORT ST. LUCIE, FL 34953 |  |  | 30004341           |                               |  |                                     |                            |
| 2. Principal Place of Business   |   |  | 3. Mailing Address                             |  |  |                    |                               |  |                                     |                            |
| Suite Ant B ato  |   |  |  |  |  | 1100000000         | i noist affit satti ookt æfti | I MUTIN MUTIN A                            | avia Shahifiafa B                   | MBBI IN 1841               |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.                            |  | 03132006   | Chg-LLC            | CR2E                          | 083 (11/05)                                |                                     |                            |
| City & State   |   |  | City & State                                   |  | 4. FEI Numbi   | "34-203            | 1433                          | , –  | plied For<br>Applicable             |                            |
| Zip  | Zip Country   |  | Zip  | Country  |  |                    | of Status Desired             |  | \$5.00 Ad                           | ditional                   |
| 6. Name and Address of Current Registered Agent  |   |  |  |  | 7. Name and Address of New Registered Agent  |                    |                               |  |                                     |                            |
| FANNIN-CHURCH, ALBERT A  |   |  |  |  | Namo.  |                    |                               |  |                                     |                            |
| 1924 SW AARON LANE<br>PORT ST. LUCIE, FL 34953   |   |  | ·  |  | Street Address (   | P.O. Box Numbe     | er is Not Acceptable          | )  |                                     |                            |
|  |   |  |  |  |  |                    |                               |  |                                     |                            |
|  |   |  | <u></u>  |  | City   |                    |                               | FL   | Zip Cod                             |                            |
| 8. The above<br>the obligat  | named entity :<br>tions of register                                     | submits this statement for<br>rod agent.                 | the purpose of changing its                    | registere  | ed office or register  | ed agent, or bot   | th, in the State of Flor      | rida. Iam                                  | familiar with,                      | and accept                 |
| SIGNATURE  | Soneture, broad or  | printed name of registered agent on                      | of title d expellent the CHATTE                | i- Davis   | d Agent signeture required   | who constations    |                               | DATE                                       |                                     |                            |
|  |   |  |  |  |  | ·                  | 1                             |  |                                     |                            |
| Filing Fee is \$50.00<br>Due by May 1, 2008  |   |  |  | -  | Make<br>Florida  | check  <br>Departn | payable to<br>nent of State   | ,<br>, , , , , , , , , , , , , , , , , , , |                                     |                            |
| 9.   |   | MANAGING MEMORO  |  | -  |  |                    |                               |  |                                     |                            |
| TITLE  |   | MANAGING MEMBER  | S/MANAGERS                                     | 10.  |  |                    | ADDITIONS/                    | CHANGE:                                    |                                     |                            |
| NAME   | MGRM  |  | S/MANAGERS  Delete                             | MILE   | 1  | •                  |                               | CHANGE                                     | Change                              | Addition                   |
| NAME<br>STREET ADDRESS   | FANNIN-CI   | HURCH, ALBERT<br>ARON LANE                               | ····   | TITLE  | 1  | •                  |                               | CHANGE                                     |                                     | ☐ Addition                 |
| <del>-</del>   | FANNIN-CI<br>1924 SW A  | HURCH, ALBERT  | ····   | TITLE<br>MASK!<br>STREET   | <b>E</b>   | •                  |                               | CHANGE                                     |                                     | Addition                   |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | FANNIN-CH<br>1924 SW A<br>PORT ST. I<br>MGRM                            | HURCH, ALBERT<br>ARON LANE<br>LUCIE, FL 34953            | ····   | RITLE NAME STREE CITY-   | E<br>ET ADORESS<br>-ST-ZIP   |                    |                               | CHANGE                                     |                                     | Addition                   |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME   | FANNIN-CI<br>1924 SW A<br>PORT ST. I<br>MGRM<br>PALMER, C               | HURCH, ALBERT<br>ARON LANE<br>LUCIE, FL 34953<br>GARRY   | ☐ Delete                                       | NAME STREE CITY- TITLE NAME  | E<br>ET ADDRESS<br>-ST-ZIP   | •                  |                               | CHANGE                                     | Change                              |                            |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | FANNIN-CH<br>1924 SW A<br>PORT ST. I<br>MGRM<br>PALMER, C<br>1192 ELM C | HURCH, ALBERT<br>ARON LANE<br>LUCIE, FL 34953            | ☐ Delete                                       | TITLE NAME STREET CITY- TITLE NAME STREET  | E<br>ET ADORESS<br>-ST-ZIP   | •                  |                               | CHANGE                                     | Change                              |                            |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | FANNIN-CH<br>1924 SW A<br>PORT ST. I<br>MGRM<br>PALMER, C<br>1192 ELM C | HURCH, ALBERT ARON LANE LUCIE, FL 34953 GARRY GROOVE CT. | ☐ Delete                                       | TITLE NAME STREET CITY- TITLE NAME STREET  | E ET ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP  | _                  |                               | CHANGE                                     | Change                              | ☐ Addition                 |
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| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | FANNIN-CH<br>1924 SW A<br>PORT ST. I<br>MGRM<br>PALMER, C<br>1192 ELM C | HURCH, ALBERT ARON LANE LUCIE, FL 34953 GARRY GROOVE CT. | □ Delote □ Delote                              | TITLE MAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE   | E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP -ST-ZI |                    |                               | CHANGES                                    | ☐ Change                            | ☐ 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:

BIGHATURE AND TYPED OR PRINTED HAME OF SIGNENG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE