## . 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 04, 2006 8:00 am Secretary of State

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DOCUMENT # L05000014212  1. Entity Name SCHALAMAR DEVELOPMENT GROUP, LLC						03-21-200			
Principal Place of Business Mailing Address					Ì				
4500 HIGHWAY 92 EAST 4500 HIGHWAY 92 EAST			ſ		ļ	300	1249	6	
SUITE #1030 SUITE #1030 LAKELAND, FL 33801 LAKELAND, FL 33801					}				
DWCDMD' LC 22001 DWCDMD' LC 22001					11101111	( BETH LEN <b>en</b> n en en en			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02102006	Chg-LLC	CR2E0	083 (11/05)	
City & State		City & State			4. FEI Numb	er			olied For
Zip Country		Zip Coun		try	5. Certificati	ol Status Desired	0	\$5.00 Add	
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered		
				Name					
KNAPP, RANDALL L 4500 HIGHWAY 92 EAST			Street Address (P.O. Box Number is Not Acceptable)						
SUITE #1030 LAKELAND, FL 33801									
	5,12 93001			City	<del></del> -			Zip Code	
							FL	•   `	
8. The above the obligat	named entity submits this statement for	r the purpose of changing its r	<b>egi</b> stere	ed office or registe	ered agent, or be	oth, in the State of Fl	lorida. I am	temilias with,	and accept
-	· · · · · · · · · · · · · · · · · · ·								
SIGNATURE	Signature, typed or printed name of registered apend	and time 4 applicable. (NOTE:	Pegitieres	Agent signature require	(c) which reflecting)		DATE		
(Filing fee is \$50.00⊃ Due by May 1, 2006						Make check payable to Florida Department of State			•
9.	MANAGING MEMBI	RS/MANAGERS	10.			ADDITIONS	/CHANGES	3	
TITLE	MGR	☐ Delete	TITLE	I				☐ Change	☐ Addition
NAME STREET ADDRESS.	KNAPP, RANDALL L∙   4500 HIGHWAY 92 EĄST, SUIT	: 4020	KAME	·					
CITY-ST-ZIP	LAKELAND, FL 3380	: 1030		FT ADORESS · ST-ZUP					
TITLE	MGR	☐ Deleta	TITLE					Change	Addition
NAME	KNAPP, MERLYN V		NAME	}				C) owner	
STREET ADDRESS	4500 HIGHWAY 92 EAST, SUIT	1030		ET ADDRESS					
CITY-ST-ZIP	LAKELAND, FL 33801		-	-ST-ZIP					
TITLE NAME		Oelete	IMLE	ì				Change	■ Addition
STREET ADDRESS			NAMI STRE	ET ADDRESS					
CITY - ST - ZIP				-51-78P					
TITLE		☐ Defete	ΠΤιε					Change	Addition
NAME			NAM	; }					
STREET ADDRESS									
CITY-ST-7IP			STRE	et adoress }					
CITY-ST-ZIP		T notes	STRE CITY-	ET ADORESS - ST-ZIP				[] Phons	aniiibba 🔲
TITLE NAME		☐ Deixte	STRE	ET ADDRESS -ST-ZIP			<u>-</u>	☐ Change	Addition
πιε		☐ Oelde	STRE CITY- YITLE NAME	ET ADDRESS -ST-ZIP			<u> </u>	☐ Change	Addition
TITLE NAME		☐ Oekte	STRE CITY- TITLE NAME STRE	ET ADDRESS -ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	STRE CITY TITLE NAME STRE CITY	ET ADDRESS  ET ADDRESS  ST-ZIP  ET ADDRESS  -ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-21P			STRE CITY- TITLE NAME CITY- TITLE NAME	ET ADDRESS  ET ADDRESS  ST-ZIP  ET ADDRESS  -ST-ZIP					

11. I hereby certify that the information supplied with this filling 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 only; that I am a managing member or manager of the limited liability complany or the receiver as trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PICHTED MANE OF SIGNING MANAGING MEMBER, WANDER, OR AUTHORIZED REPRESENTATIVE

2/23/06 00

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