2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000015548

1. Entity Name
C M M R SITE DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
2450 VILLAGE LANE TITUSVILLE, FL 32780	P.O. BOX 2499 TITUSVILLE, FL 32781

01212006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 34-2033167
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SHARPE, MICHAEL C 2685 TAMMY DRIVE MIMS, FL 32754	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 _Michael C. Smith_ - MICHAEL C. SHARPE VICE PRESIDENT   _4/10/06_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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 PRESIDENT NAME MICHAEL B. TILLER STREET ADDRESS 3610 WOOD DUCK DR. CITY-ST-ZIP MIMS, FL 32754	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE VICE-PRESIDENT NAME MICHAEL C. SHARPE STREET ADDRESS 2685 TAMMY DR. CITY-ST-ZIP MIMS, FL 32754	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE SECRETARY NAME MICHAEL B. TILLER STREET ADDRESS 3610 WOOD DUCK DR. CITY-ST-ZIP MIMS, FL 32754	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE TREASURER NAME MICHAEL C. SHARPE STREET ADDRESS 2685 TAMMY DR. CITY-ST-ZIP MIMS, FL 32754	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: _Michael B. Tiller_ , President michael B. Tiller 4-10-06 321-446-7831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #