## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## FILED Jun 06, 2006 8:00 am Secretary of State

05-04-2006 90025 035 \*\*\*\*50.00

M & S DEVELOPMENT GROUP OF FLORIDA, LLC Principal Place of Business Mailing Address 265 N.E. 2ND AVE. 30009724 265 N.E. 2ND AVE. DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2731446 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW OFFICES OF JEFFREY J. GALVAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 1900 NW CORPORATE BLVD. SUITE 200 EAST BOCA RATON, FL. 33431 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change ■ Addition BADER, STEVEN A NAME NAME 265 N.E. 2ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Addition NAME GORDON, MICHAEL E NAME STREET ADDRESS 115 WEST PALMETTO PARK RD. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS: STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MARAC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

Daytime Phone #

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