


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90030 037 \*\*\*\*50.00

<b>DOCUMENT # L05000018673</b>					
<b>1. Entity Name</b> G2 DEVELOPMENT, L.L.C.					
<b>Principal Place of Business</b> 2655 MCCORMICK DRIVE CLEARWATER, FL 33759			<b>Mailing Address</b> 2655 MCCORMICK DRIVE CLEARWATER, FL 33759		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		<b>4. FEI Number</b> 56-2504867	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TEW, JOEL R ESQ 2655 MCCORMICK DRIVE CLEARWATER, FL 33759			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR			TITLE	<input checked="" type="checkbox"/> Addition
NAME	TEW, JOEL R			NAME	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2655 MCCORMICK DRIVE			STREET ADDRESS	<input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	CLEARWATER, FL 33759			CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Joel R. Tew</u> <u>Joel R. Tew, Manager</u> <u>4/10/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					