# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 27, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # L05000021074

1. Entity Name
MAZMAN DEVELOPMENT GROUP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 8103 WOODRIDGE POINTE DRIVE<br>FORT MYERS, FL 33912 | 8103 WOODRIDGE POINTE DRIVE<br>FORT MYERS, FL 33912 |

**DO NOT WRITE IN THIS SPACE**

07242007No Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0598398
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBERMAN, BARBARA AIN
8103 WOODRIDGE POINTE DRIVE
FORT MYERS, FL 33912

**DO NOT WRITE IN THIS SPACE**

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 _____ 7/22/07
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 September 14, 2007**

U00000770734
07/27/07-80004-021 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | LIEBERMAN, BARBARA AIN |
| STREET ADDRESS | 8103 WOODRIDGE POINTE DRIVE |
| CITY-ST-ZIP | FORT MYERS, FL 33912 |
| TITLE | MGRM |
| NAME | MAZIE, BARBARA |
| STREET ADDRESS | 515 EAST 72ND STREET |
| CITY-ST-ZIP | NEW YORK, NY 10021 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____ 7/22/07 239-768-2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #