

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022553

FILED
Jan 17, 2006
Secretary of State

Entity Name: MATTAPAN SQUARE DEVELOPMENT, LLC

Current Principal Place of Business:

11 N SUMMERLIN AVE., SUITE 100
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

11 N SUMMERLIN AVE., SUITE 100
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER, BARRY L
11 N. SUMMERLIN AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INVESTOR HOLDINGS, L, LC
Address: 11 N SUMMERLIN AVENUE, SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: MILO PROPERTIES, LLC,
Address: 6703 MOTT AVENUE
City-St-Zip: ORLANDO, FL 32810

Title: MGRM () Delete
Name: STIRLING, CHASE & L, EVINE, LLC
Address: 6005 STIRLING ROAD, SUITE 110
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY L. MILLER

BM

01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date