
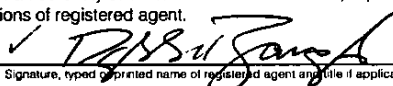
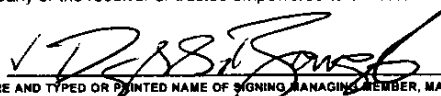


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90114 030 \*\*\*\*50.00

<b>DOCUMENT # L05000023146</b> 1. Entity Name <b>HANGING ROCK DEVELOPMENT, LLC</b>			
Principal Place of Business <b>2230 S. MCCALL ROAD, SUITE A ENGLEWOOD, FL 34224</b>		Mailing Address <b>2230 S. MCCALL ROAD, SUITE A ENGLEWOOD, FL 34224</b>	
2. Principal Place of Business - No P.O. Box # <b>1950 Whispering Pines Pt</b>		3. Mailing Address <b>1950 Whispering Pines Pt.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Englewood, FL</b>		City & State <b>Englewood, FL</b>	
Zip <b>34223</b>		Zip <b>34223</b>	
Country 		Country 	
<b>6. Name and Address of Current Registered Agent</b>  <b>KNAUF, MARK H 2230 S. MCCALL ROAD, SUITE A ENGLEWOOD, FL 34224</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1950 Whispering Pines Pt.</b> City <b>Englewood</b> <b>FL</b> Zip Code <b>34223</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. SIGNATURE  DATE <b>04/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNAUF, MARK H 2230 S. MCCALL ROAD, SUITE A ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 1950 Whispering Pines Pt. Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATTAGLIA, DOUGLAS S 1225 ROSEDALE ROAD VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1950 Whispering Pines Pt. Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		<b>04/19/07 (941) 232-5391</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			