

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025602

Entity Name: BRE DEVELOPMENT LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

12565 ORANGE DRIVE
SUITE 407
DAVIE, FL 33330

New Principal Place of Business:

12565 ORANGE DRIVE
SUITE 403
DAVIE, FL 33330

Current Mailing Address:

12565 ORANGE DRIVE
SUITE 407
DAVIE, FL 33330

New Mailing Address:

12565 ORANGE DRIVE
SUITE 403
DAVIE, FL 33330

FEI Number: 20-2624552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARVIS, GEOFFREY S
12565 ORANGE DRIVE
SUITE 407
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

JARVIS, GEOFFREY S
12565 ORANGE DRIVE
SUITE 403
DAVIE, FL 33330 US

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: GEOFFREY S JARVIS

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JARVIS, GEOFFREY S
Address: 12565 ORANGE DRIVE, SUITE 407
City-St-Zip: DAVIE, FL 33330

Title: MGRM (X) Delete
Name: SALICRUP, EDILEEN
Address: 12565 ORANGE DRIVE, SUITE 407
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JARVIS, GEOFFREY S
Address: 4581 WESTON ROAD, #125
City-St-Zip: WESTON, FL 33331

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: GEOFFREY S JARVIS

MGRM

04/30/2006

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