



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90020 005 \*\*\*\*55.00

<b>DOCUMENT # L05000027303</b> 1. Entity Name <b>THE DEVELOPMENT GROUP OF NORTHWEST FLORIDA, LLC</b>					
Principal Place of Business <b>951 WEST 23RD STREET PANAMA CITY, FL 32405</b>			Mailing Address <b>951 WEST 23RD STREET PANAMA CITY, FL 32405</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>20-2436485</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIANE HARE, C.P.A. 2589 JENKS AVENUE PANAMA CITY, FL 32405</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OBID, MARWAN &amp; HIND, AS TEN. BY ENT. 951 WEST 23RD STREET PANAMA CITY, FL 32405</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MASOOD, SOHAIL &amp; MONA, AS TEN. BY ENT. 112 LEGEND LAKES DRIVE PANAMA CITY BEACH, FL 32408</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>Owner-Marwan Obid</b> 1-27-06    850-785-0699					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					