


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000027303 1. Entity Name THE DEVELOPMENT GROUP OF NORTHWEST FLORIDA, LLC	
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Principal Place of Business 951 WEST 23RD STREET PANAMA CITY, FL 32405	Mailing Address 951 WEST 23RD STREET PANAMA CITY, FL 32405
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**DO NOT WRITE IN THIS SPACE**



02142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2436485	Applied For 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

DIANE HARE, C.P.A.  
 2589 JENKS AVENUE  
 PANAMA CITY, FL 32405

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000863068  
 04/03/08-80077-011 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBID, MARWAN & HIND, AS TEN. BY ENT. 951 WEST 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASOOD, SOHAIL & MONA, AS TEN. BY ENT. 112 LEGEND LAKES DRIVE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Marwan Obid Date 3-14-08 Daytime Phone # 850-785-0699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE