


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000030300
 1. Entity Name
ANTHONY DEVELOPMENT GROUP, L.L.C.



Principal Place of Business Mailing Address
2810 ST. ISABEL, SUITE 201 **2810 ST. ISABEL, SUITE 201**
TAMPA, FL 33607 **TAMPA, FL 33607**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1927045	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
GRECO, FRANK J
4047 HENDERSON BLVD.
TAMPA, FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARENA, ANDREW 2810 ST. ISABEL, SUITE 201 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANISCALCO, ANTHONY F 2810 ST. ISABEL, SUITE 201 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

01/24/06-80083-020 50.00

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 606, Florida Statutes.

SIGNATURE: Anthony F. Maniscalco 1/16/06 813-290-8483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #