

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90030 034 ****50.00

DOCUMENT # L05000036209					
1. Entity Name MICHIANA DEVELOPMENT, LLC					
Principal Place of Business C/O THOMAS J. ELLWANGER 501 E KENNEDY BOULEVARD STE 1700 TAMPA, FL 33602			Mailing Address C/O THOMAS J. ELLWANGER 501 E KENNEDY BOULEVARD STE 1700 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2674811	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLWANGER, THOMAS J 501 E KENNEDY BOULEVARD STE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER THOMAS J. ELLWANGER 501 E. Kennedy Blvd, Ste 1700 Tampa, FL 33602	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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.					
SIGNATURE: _____				4/5/06 813-228-7411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

ATTACHMENT

20029967
#05000036209



**FOWLER WHITE
BOGGS BANKER**

ATTORNEYS AT LAW

ESTABLISHED 1943

April 12, 2006

Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32314

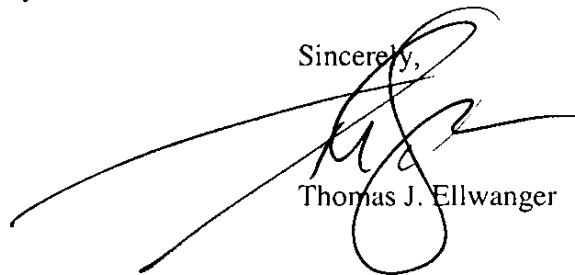
Re: Michiana Development, LLC

Gentlemen:

On behalf of the above-referenced limited liability company, enclosed please find the 2006 Limited Liability Company Annual Report, along with a check in the amount of \$50.00 to cover the filing fee.

Thank you for your attention to this matter.

Sincerely,



Thomas J. Ellwanger

TJE/dlt
Enclosure

#1818177v1

FOWLER WHITE BOGGS BANKER P.A.

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