2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000047431

Entity Name: MAY PROPERTY DEVELOPMENT, LLC

Current Principal Place of Business:

1300 W EAU GALLIE BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

614 E NEW HAVEN AVE
MELBOURNE, FL 32901

Current Mailing Address:

1300 W EAU GALLIE BLVD
MELBOURNE, FL 32935

New Mailing Address:

614 E NEW HAVEN AVE
MELBOURNE, FL 32901

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEIN, DAVID E
1300 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MASONE, ANTHONY
Address: 4275 ALYSSA LANE
City-St-Zip: PALM BAY, FL 32904

Title: MGRM ( ) Delete
Name: MASONE, REAGAN
Address: 4275 ALYSSA LANE
City-St-Zip: PALM BAY, FL 32904

Title: MGRM ( ) Delete
Name: HANDA, SUNDEEP
Address: 3850 BEECHGROVE RD
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTHONY MASONE MGRM 04/28/2006

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