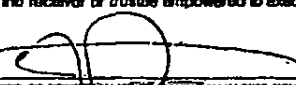


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90113 017 ****50.00

DOCUMENT # L05000050971					
1. Entity Name ST. MORITZ DEVELOPMENT, LLC					
Principal Place of Business 5 RIVER CHASE TERRACE PALM BEACH GARDENS FL 33418			Mailing Address 5 RIVER CHASE TERRACE PALM BEACH GARDENS FL 33418		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 54-2174950				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MCCABE, TIMOTHY P ESQ. C/O MCCABE & SAMILJAN, LLC 2135 SOUTH CONGRESS AVE., SUITE 3-C WEST PALM BEACH FL 33406			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 _____ Signature, typed or printed name of registered agent and file it acceptable. (NOTE: Registered Agent signature required when completing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM CALDERONE, DOM 4485 S.W. PORT WAY PALM CITY FL 33990	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BERNARDEAU, OLIVIER 5 RIVER CHASE TERRACE PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SCHNEIDERMAN, HERBERT 5853 VINTAGE OAKS COURT DELRAY BEACH FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Oliver Bernardeau 4/2/07 5613096348 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					