

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069606

FILED  
Mar 14, 2006  
Secretary of State

Entity Name: SFP DEVELOPMENT, LLC

**Current Principal Place of Business:**

5570 THIRD AVENUE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

5570 THIRD AVENUE  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 20-3150331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIGHSMITH, ROBERT E.  
FELDMAN KOENIG & HIGHSMITH, P.A.  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PS ( ) Change (X) Addition  
Name: SALINERO, FREDERICK A  
Address: 5570 THIRD AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Change (X) Addition  
Name: DIAZ, JOSE M  
Address: 5570 THIRD AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Change (X) Addition  
Name: VARELA, FREDY  
Address: 5570 THIRD AVENUE  
City-St-Zip: KEY WEST, FL 33040

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: FREDERICK A. SALINERO

PS

03/14/2006

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