

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072935

FILED  
Jul 27, 2006  
Secretary of State

**Entity Name:** NEXT GENERATION DEVELOPMENT, LLC

**Current Principal Place of Business:**

1755 HILLVIEW STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1755 HILLVIEW STREET  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 20-3212225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SABA, RICHARD D  
SABA & KING, LLP  
2033 MAIN STREET, SUITE 303  
SARASOTA, FL 34237 US

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: DECKLEVER, WILLIAM O  
Address: PO BOX 2060  
City-St-Zip: BOCA GRANDE, FL 33921

Title: MGRM ( ) Delete  
Name: DECKLEVER, BRETT A  
Address: 1755 HILLVIEW STREET  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

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: BRETT DECKLEVER

MGRM

07/27/2006

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