2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# L05000075915

Entity Name: LST DEVELOPMENT, LLC

Current Principal Place of Business:

PO BOX 5209
SANFORD, FL 32772 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5209
SANFORD, FL 32772 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CAPKO, ROBERT J ESQUIRE
145 EAST WILBUR AVENUE
LAKE MARY, FL 32746 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: MGR ( ) Delete
Name: TROMBETTI, NATE
Address: PO BOX 5209
City-St-Zip: SANFORD, FL 32772

Title: MGRM ( ) Delete
Name: LINN, CHAD
Address: PO BOX 140024
City-St-Zip: ORLANDO, FL 32814

Title: MGRM ( ) Delete
Name: SHOEMAKER CONSTRUCTI, ON CO., INC.
Address: PO BOX 1885
City-St-Zip: SANFORD, FL 32772

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: CHAD LINN MGRM 02/24/2006

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