

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079598

FILED
Apr 30, 2006
Secretary of State

Entity Name: STANDARD PROPERTY DEVELOPMENT, LLC

Current Principal Place of Business:

300 SOUTH ORANGE AVE., SUITE 1000 (BJM)
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

300 SOUTH ORANGE AVE., SUITE 1000 (BJM)
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 71-0989923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (BJM)
ORLANDO, FL 32801 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: DIR. () Change (X) Addition
Name: BEASLEY, FRED
Address: 6533 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786 US

Title: DIR. () Change (X) Addition
Name: PARMEE, STEVE
Address: 6533 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786 US

Title: DIR. () Change (X) Addition
Name: VENTURELLA, GEORGE
Address: 6533 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786 US

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: FRED BEASLEY

DIR.

04/30/2006

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