


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/ FILED  
Apr 24, 2006 8:00 am  
Secretary of State

04-05-2006 90017 038 \*\*\*\*50.00

**DOCUMENT # L05000082716**

1. Entity Name  
PAYTAS DEVELOPMENT, L.L.C.



Principal Place of Business  
1960 U.S. 1 SOUTH, SUITE 352  
ST. AUGUSTINE, FL 32086

Mailing Address  
1960 U.S. 1 SOUTH, SUITE 352  
ST. AUGUSTINE, FL 32086

2. Principal Place of Business <i>1105 South US 1</i>		3. Mailing Address <i>1105 South US 1</i>	
Suite, Apt. #, etc. <i>Suite 106</i>		Suite, Apt. #, etc. <i>Suite 106</i>	
City & State <i>Bunnell FLA</i>		City & State <i>Bunnell FLA</i>	
Zip <i>32110</i>	Country <i>US</i>	Zip <i>32110</i>	Country <i>US</i>



04022006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
*16-1735944*

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>CONNER, TIMOTHY J</b> 2 JUNGLE HUT ROAD, STE., 1 PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYTAS, WAYNE 1960 U.S. 1 SOUTH, SUITE 352 ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELUCA, WILLIAM 38 ROBERT CRESCENT STONY BROOK, NY 11790 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHAN, BRUCE F 15 NIEWOOD DRIVE RIDGE, NY 11981 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIERMAN, JOHN P 20 TARA LANE COMMACK, NY 11725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

SIGNATURE:  Date: *3/31/06* 904 545-5707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE