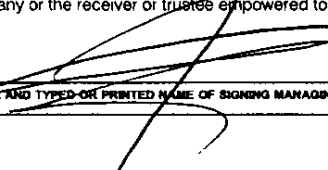


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90177 049 ****50.00

DOCUMENT # L05000086084 1. Entity Name LAKE KIMBERLY DEVELOPMENT LLC					
Principal Place of Business 4204 HEADSAIL DR NEW PORT RICHEY, FL 34652			Mailing Address 4204 HEADSAIL DR NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # 15215 U.S. Hwy 19		3. Mailing Address 15215 U.S. Hwy 19			
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc. SUITE D			
City & State HUDSON FL.		City & State HUDSON FL.			
Zip 34667		Country PASCO		Zip 34667	
Country PASCO		4. FEI Number 59-3824697			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIR. SUITE 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when renating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEL VECCHIO, FRANK 4204 HEADSAIL DR NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEL VECCHIO, FRANK 15215 U.S. Hwy 19 SUITE D HUDSON, FL 34667 <input checked="" 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	
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	
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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: 			FRANK DELVECCHIO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3/26/2007		
			Daytime Phone # 727-919-4263		