
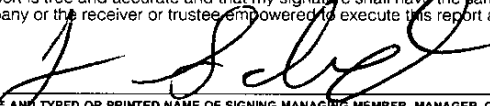


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90008 004 ****50.00

DOCUMENT # L05000086178 1. Entity Name TANDEM DEVELOPMENT GROUP, LLC			
Principal Place of Business 4001 FOXTAIL PALM COURT TAMPA, FL 33624		Mailing Address 4001 FOXTAIL PALM COURT TAMPA, FL 33624	
2. Principal Place of Business 14502 N. Dale Mabry Suite, Apt. #, etc. Suite 333 City & State Tampa, FL Zip 33618 Country USA		3. Mailing Address 14502 N. Dale Mabry Suite, Apt. #, etc. Suite 333 City & State Tampa, FL Zip 33618 Country USA	
4. FEI Number 20-3416945		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, JON 4001 FOXTAIL PALM COURT TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jonathan Schwartz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 14502 N. Dale Mabry Hwy, 333 Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERTZ, PAUL <input checked="" type="checkbox"/> Delete 4001 FOXTAIL PALM COURT TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Paul Schertz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 14502 N. Dale Mabry Hwy, 333 Tampa, FL 33618
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
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: 		Jonathan Schwartz, 4/28/06 813-269-9412	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	