2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2006
Secretary of State

DOCUMENT# L05000091558

Entity Name: MAYFAIR DEVELOPMENTS, LLC

Current Principal Place of Business:

6888 TRAIL BLVD.
NAPLES, FL 34108

New Principal Place of Business:

1085 BUSINESS LANE
SUITE 8
NAPLES, FL 34110

Current Mailing Address:

6888 TRAIL BLVD.
NAPLES, FL 34108

New Mailing Address:

1085 BUSINESS LANE
SUITE 8
NAPLES, FL 34110

FEI Number: 37-1517208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOLL, WILLIAM F III
6888 TRAIL BLVD.
NAPLES, FL 34108 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: MGRM ( ) Delete
Name: KRYLOV, PETER
Address: 28090 DOVEWOOD COURT, APT. 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM (X) Delete
Name: NOLL, WILLIAM F III
Address: 6888 TRAIL BLVD.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KRYLOV, PETER
Address: 1085 BUSINESS LANE, SUITE 8
City-St-Zip: NAPLES, FL 34110

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: PETER KRYLOV MGRM 05/07/2006

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