2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092890

Entity Name: ANNULAR DEVELOPMENT, LLC

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

845 SCENIC VIEW CIRCLE

MINNEOLA, FL 34715 WINDERMERE, FL 34786 US

Current Mailing Address: New Mailing Address:

845 SCENIC VIEW CIRCLE PO BOX 1445

MINNEOLA, FL 34715 WINDERMERE, FL 34786 US

FEI Number: 27-0135442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

AUBUT, MICHAEL P AUBUT, MICHAEL P 7862 W. IRLO BRONSON HWY PO BOX 1445

SUITE 242 WINDERMERE, FL 34786 US

KISSIMMEE, FL 34747 US

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.

ADDITIONS/CHANGES:

SIGNATURE: 01/04/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Change () Addition () Delete

ROBINSON, JASON S ROBINSON, JASON S Name: Name: Address: 845 SCENIC VIEW CIRCLE Address: PO BOX 1445

City-St-Zip: MINNEOLA, FL 34715 US City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR () Delete Title: MGRM (X) Change () Addition Name:

AUBUT, MICHAEL P Name: AUBUT, MICHAEL P Address: 7862 WEST IRLO BRONSON HWY, SUITE 242 Address: PO BOX 1445

City-St-Zip: KISSIMMEE, FL 34747 US City-St-Zip: WINDERMERE, FL 34786 US

Title: () Delete Title: MGRM () Change (X) Addition

Name: DENHAM, JAMES B Name: Address: Address: PO BOX 1445

City-St-Zip: 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 Statutés. 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: J. SHAWN ROBINSON **MGRM** 01/04/2006