

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093940

Entity Name: ETAK DEVELOPMENT, LLC

FILED
May 04, 2006
Secretary of State

Current Principal Place of Business:

6242 GALL BLVD.
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

6242 GALL BLVD.
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 20-4176621 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:

AKINS, PAUL T JR.
6242 GALL BLVD.
ZEPHYRHILLS, FL 33542 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: MGR () Delete
Name: AKINS, PAUL T JR
Address: 19519 EQUESTRIAN LANE
City-St-Zip: DADE CITY, FL 33523

Title: MGR () Delete
Name: AKINS, SHEREE P
Address: 6242 GALL BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: MGR () Delete
Name: ETHERIDGE, MICHAEL E
Address: 37515 CLINTON AVENUE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL T. AKINS, JR.

MGR

05/04/2006

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