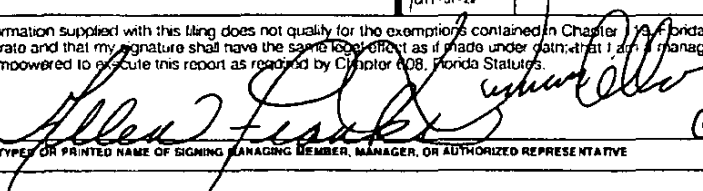


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-04-2006 90086 005 ****50.00

DOCUMENT # L05000102177					
1. Entity Name PROJECT INSIDER DEVELOPMENT INVESTMENTS, LLC					
Principal Place of Business 1600 SOUTH DIXIE HIGHWAY 508 BOCA RATON FL 33432 US			Mailing Address 1600 SOUTH DIXIE HIGHWAY 508 BOCA RATON FL 33432 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 81-0679717	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WRIGHT, THOMAS H III 1600 SOUTH DIXIE HIGHWAY 300 BOCA RATON FL 33432				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR.	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FRANKS, ALLEN		NAME		
STREET ADDRESS	1600 SOUTH DIXIE HIGHWAY, SUITE 508		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP		
TITLE	MGR.	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CUELLO, DAMIEN		NAME		
STREET ADDRESS	1600 SOUTH DIXIE HIGHWAY, SUITE 508		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP		
TITLE	MGR.	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	UMPIERREZ, MIRYAN		NAME		
STREET ADDRESS	1600 SOUTH DIXIE HIGHWAY, SUITE 508		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  Aug 1st 2006 561-393-2423					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					