

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110852

FILED
May 01, 2006
Secretary of State

Entity Name: PROSPECT DEVELOPMENTS, L.L.C.

Current Principal Place of Business:

10460 ROOSEVELT BLVD. NO., UNIT 297
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10460 ROOSEVELT BLVD. NO., UNIT 297
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-3814212 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:

Name and Address of New Registered Agent:

STEIN, HENRY A ESQ.
C/O THE STEIN LAW GROUP, P.A.
1607 DR. ML KING JR. ST. NO., SUITE A
ST. PETERBURG, FL 33704 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WEIMER DEVELOPEMENT, CORP.
Address: 5039 CENTRAL AVE
City-St-Zip: ST. PETERSBURG, FL 33710

Title: M () Change (X) Addition
Name: JOHN CRISTOPHER HOLD, INGS LTD.
Address: 311-1110 HAMILTON STREET
City-St-Zip: VANCOUVER, BC V6B 2S2

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: WEIMER DEVELOPEMENT CORP

MGRM

05/01/2006

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