

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119785

Entity Name: SF DEVELOPMENT, LLC

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

8536 WEST HIGHWAY 192
KISSIMMEE, FL 34747

New Principal Place of Business:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747

Current Mailing Address:

8536 WEST HIGHWAY 192
KISSIMMEE, FL 34747

New Mailing Address:

200 S. ORANGE AVE.
SUITE 2300
ORLANDO, FL 32801

FEI Number: 20-4904932 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:

A.G.C. CO.
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SHAH, ANUP
Address: 215 CELEBRATION PLACE, STE. 500
City-St-Zip: CELEBRATION, FL 34747 US

Title: M () Change (X) Addition
Name: FROST, JOHNNY
Address: 215 CELEBRATION PLACE, STE. 500
City-St-Zip: CELEBRATION, FL 34747 US

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: ANUP SHAH

MGRM

05/22/2006

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