

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005671

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: SCHIAFONE DEVELOPMENT, LLC

## Current Principal Place of Business:

5110 HARBORAGE DRIVE  
FT. MYERS, FL 33908 US

## New Principal Place of Business:

4751 BONITA BEACH RD  
BONITA SPRINGS, FL 34134 US

## Current Mailing Address:

5110 HARBORAGE DRIVE  
FT. MYERS, FL 33908 US

## New Mailing Address:

4751 BONITA BEACH RD  
BONITA SPRINGS, FL 34134 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIAFONE, CHERYL A  
5110 HARBORAGE DRIVE  
FT. MYERS, FL 33908 US

## Name and Address of New Registered Agent:

SCHIAFONE, CHERYL A  
4751 BONITA BEACH RD  
BONITA SPRINGS, FL 34134 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: CHERYL A SCHIAFONE

04/28/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCHIAFONE, CHERYL A  
Address: 5110 HARBORAGE DRIVE  
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGRM ( ) Delete  
Name: SCHIAFONE, SALVATORE A  
Address: 5110 HARBORAGE DRIVE  
City-St-Zip: FT. MYERS, FL 33908 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCHIAFONE, CHERYL A  
Address: 4751 BONITA BEACH RD  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGRM (X) Change ( ) Addition  
Name: SCHIAFONE, SALVATORE A  
Address: 4751 BONITA BEACH RD  
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify 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: SALVATORE A SCHIAFONE

MGRM

04/28/2007

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