

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022987

FILED
Apr 09, 2007
Secretary of State

Entity Name: 3D DEVELOPMENT SERVICES, LLC

Current Principal Place of Business:

1276 SW 18TH TER
OKEECHOBEE, FL 32974

New Principal Place of Business:

Current Mailing Address:

1276 SW 18TH TER
OKEECHOBEE, FL 32974

New Mailing Address:

PO BOX 2017
DELEON SPRINGS, FL 32130

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

Name and Address of Current Registered Agent:

GREENBERG, MARK ESQ.
2601 OAKBROOK LANE
WESTON, FL 33332 US

Name and Address of New Registered Agent:

MITTELBERG, BARRY S
1700 UNIVERSITY DRIVE
SUITE 110
CORAL SPRINGS, FL 33071 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: BARRY MITTELBERG

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOLLARD, DONALD L JR
Address: 1276 SW 18TH TER
City-St-Zip: OKEECHOBEE, FL 32974

Title: MGR () Delete
Name: WOLLARD, CANDIE C
Address: 1276 SW 18TH TER
City-St-Zip: OKEECHOBEE, FL 32974

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WOLLARD, DONALD L JR
Address: PO BOX 2017
City-St-Zip: DELEON SPRINGS, FL 32130

Title: MGR (X) Change () Addition
Name: ADVANCED MINERALS, I, NC
Address: PO BOX 2017
City-St-Zip: DELEON SPRINGS, FL 32130

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: DONALD L WOLLARD JR

MGR

04/09/2007

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