2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2007 8:00 am Secretary of State

DOCUMENT # L06000032708 1. Entity Name DAVID LAWRENCE DEVELOPMENT GROUP, LLC					01-17-2007			
Principal Place of Business 4815 AVENUE N. BROOKLYN, NY 11234		Mailing Address 4815 AVENUE N. BROOKLYN, NY 11234	4	1 1860811 4	1 1841 PIII 48111 8911 6811	BBIEB IMIB IIBIE	: 1881) 86:81 181	Bei III 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State	City & State		4634/63			plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	□ È	5.00 Add ee Required	
	6. Name and Address of Curr	ent Registered Agent		7. Name and	d Address of New Re	gistered Ag	gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Name Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301-2525								
			City			FL	Zip Code	3
	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registered office or reg	gistered agent, or bo	oth, in the State of Flor	rida. I am far	miliar with,	and accept
SIGNATURE .								
	Signature, typed or printed name of registered a	neol and title if applicable (NOT	f B 1 4 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
		gent and size it applicable. (NOT	E: Hegistered Agent signature re	equired when reinstating)		DATE		
	lling Fee is \$50.00 ue by May 1, 2007	gent and une in apparature. (NO)	E: Hegisiered Agent signature re	equired when reinstating)		check pay Departmen		•
	lling Fee is \$50.00 ue by May 1, 2007	ABERS/MANAGERS	E: Hegistered Agent signature re	equired when reinstating)		e check pay Departmer		•
Di	lling Fee is \$50.00 ue by May 1, 2007			xquired when reinstating)	Florida	check pay Departmen		Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/8-358-390-0