

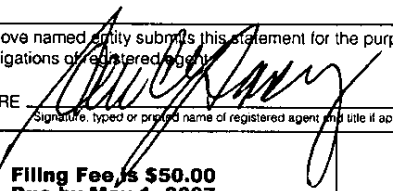
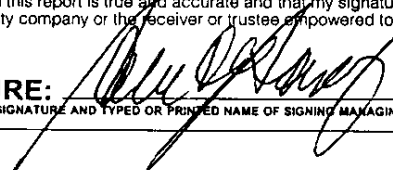


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90117 045 ****50.00

DOCUMENT # L06000049390 1. Entity Name ANDROS DEVELOPMENT GROUP, LLC					
Principal Place of Business 401 S. INDIAN RIVER DRIVE FT. PIERCE, FL 34950 US			Mailing Address 401 S. INDIAN RIVER DRIVE FT. PIERCE, FL 34950 US		
2. Principal Place of Business - No P.O. Box # 1665 N. Old Dixie Hwy Suite, Apt. #, etc. Suite C-6 City & State Jupiter, FL Zip 33469		3. Mailing Address 1665 N. Old Dixie Hwy Suite, Apt. #, etc. Suite C-6 City & State Jupiter, FL Zip 33469		60031556 	
03222007 Chg-LLC CR2E083 (12/06)				4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent DE ROSS, JOSEPH J JR. 401 S. INDIAN RIVER DR. FT. PIERCE, FL 34950	
7. Name and Address of New Registered Agent Name Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable) Moyle Flanigan et al 625 N. Flagler Dr - 9th Floor City West Palm Bch FL Zip Code 33401				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Robert C. Hackney 3/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
SIGNATURE:  Robert C. Hackney 3/27/07 561776-8600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					