

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065713

FILED
Jan 04, 2007
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA DEVELOPMENT, LLC

Current Principal Place of Business:

18671 COLLINS AVENUE #1502
SUNNY ISLES, FL 33160

New Principal Place of Business:

18851 NE 29TH AVE.
720
AVENTURA, FL 33180

Current Mailing Address:

18671 COLLINS AVENUE #1502
SUNNY ISLES, FL 33160

New Mailing Address:

18090 COLLINS AVE
T17/213
SUNNY ISLES, FL 33160

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

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: NOONEY, JAMES
Address: 18671 COLLINS AVENUE #1502
City-St-Zip: SUNNY ISLES, FL 33160

Title: ST () Delete
Name: NOONEY, JAMES
Address: 18671 COLLINS AVENUE #1502
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOONEY, JAMES
Address: 18090 COLLINS AVE. T17/213
City-St-Zip: SUNNY ISLES, FL 33160

Title: ST (X) Change () Addition
Name: NOONEY, JAMES
Address: 18090 COLLINS AVE. T17/213
City-St-Zip: SUNNY ISLES, FL 33160

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: JAMES NOONEY

ST

01/04/2007

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