


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 28, 2006 08:00 AM

10-01-01 Secretary of State

DOCUMENT # L99000003862					
1. Entity Name SINGLE-FAMILY DEVELOPERS, L.L.C.					
Principal Place of Business 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751			Mailing Address 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3590195	
6. Name and Address of Current Registered Agent DODSON, T. JEFFREY 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RINK DEVELOPMENT & MANAGEMENT, INC		NAME	UN0000542279	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		STREET ADDRESS	05/10/06-80091-014 50.00	
CITY- ST- ZIP	MAITLAND, FL 32751		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIFORD, JAMES R		NAME		
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		STREET ADDRESS		
CITY- ST- ZIP	MAITLAND, FL 32751		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REALVEST PARTNERS, INC.		NAME		
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		STREET ADDRESS		
CITY- ST- ZIP	MAITLAND, FL 32751		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVINGSTON, GEORGE D		NAME		
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		STREET ADDRESS		
CITY- ST- ZIP	MAITLAND, FL 32751		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: _____			4-27-06 407-875-9989		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		