2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000003949

1. Entity Name — ARYA DEVELOPMENT, LLC



Apr 15, 2005 08:00 AM Secretary of State

FILED

Principal Place of Business

2110 DREW STREET, SUITE 200 CLEARWATER, FL 33765_ Mailing Address 2110 DREW STR 200 CLEARWATER, FL 33765



DO NOT WRITE IN THIS SPACE

02072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3584570

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

KAPLAN, KAREN 2110 DREW STREET, SUITE 200 CLEARWATER, FL 33765

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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					
0.0	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)		DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005			·	· .
9.	MANAGING MEMBERS/MANAGERS			_	
TITLE	MGR		== -		
NAME	EZRA, MEIR				
STREET ADDRESS	2110 DREW STREET, SUITE 200				1

CLEARWATER, FL 33765 CITY-ST-ZIP TITLE NAME KAPLAN, KAREN 2110 DREW STREET, SUITE 200 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33765 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP TITLE

U00000306416 04/15/05-80013-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it 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:

NAME STREET ADDRESS CITY-SI-ZIP

<u> 317/05</u>

727-461-9799