


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004785 1. Entity Name TEN THOUSAND ISLANDS DEVELOPMENT, LLC	
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Principal Place of Business 1350 N. OCEAN BLVD. POMPANO BEACH, FL 33062	Mailing Address 1350 N. OCEAN BLVD. POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0963733	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEISMAN, DAVID 2021 TYLER ST HOLLYWOOD, FL 33020
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

000000213005
02/03/05-80052-013 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MINKIN, JOSHUA 4405 WOODFIELD BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MINKIN, CAROL 4405 WOODFIELD BLVD BOCA RATON, FL 33434
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**DO NOT WRITE
IN THIS SPACE**

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 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:  CAROL MINKIN 1/31/05 954-570-1000	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	