

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90006 014 ****50.00

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1. Entity Name
TEN THOUSAND ISLANDS DEVELOPMENT, LLC



Principal Place of Business
**1350 N. OCEAN BLVD.
POMPAHO BEACH, FL 33062**

Mailing Address
**1350 N. OCEAN BLVD.
POMPAHO BEACH, FL 33062**

20012637



2. Principal Place of Business

2915 S. CONGRESS AVE

3. Mailing Address

2915 S. CONGRESS AVE

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

01172006 Chg-LLC CR2E083 (11/05)

City & State

DELRAY Bch., FLORIDA

City & State

DELRAY Bch., FLORIDA

Zip
33445

Country

USA

Zip
33445

Country

USA

4. FEI Number
65-0963733

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEISMAN, DAVID
2021 TYLER ST
HOLLYWOOD, FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MINKIN, JOSHUA
STREET ADDRESS 4405 WOODFIELD BLVD.
CITY-ST-ZIP BOCA RATON, FL

TITLE MGR ☐ Delete
NAME MINKIN, CAROL
STREET ADDRESS 4405 WOODFIELD BLVD
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Carol Minkin

2/1/06

561/279-4600