2005 LIGHTED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # L99000006 PELOPMENT COMPANY,			Seci	etary of State
Principal Plac 4800 HAW B SEBRING, FL	RANCH ROAD	Mailing Address POST OFFICE BOX 968 OKEECHOBEE, FL 34973		* 14871011 #78 1M170 PD11 WEST MB111 #B111	
D	O NOT WRITE	,	CE	02172005 No Chg-LLC 4. FEI Number 56-2177978 5. Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
CASSELS, JOHN D JR. 400 NW 2ND STREET OKEECHOBEE, FL 34973			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement finns of registered agent. Signature, typed or printed name of registered agent filling Fee is \$50.00 ue by May 1, 2005		red office or register	red agent, or both, in the State of Florida d when reinstading)	a. I am familiar with, and accept
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAĞINĞ MEMÊ MGRM WILLIAMS, EDDIE POST OFFICE BOX 464 MYRTLE BEACH, SC 29578	ERS/MANAGERS			:35528 0020-013 50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				051 CT 05-5	9950 <u>-</u> 019 99.08
STREET ADDRESS CITY-ST-ZIP TITLE			<u> </u>	DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE					~~ ~ ~
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify for the ex	emption stated in Se	ection 119.07(3)(i), Florida Statutes. ! fu	rther certify that the information
indicated limited lia	on this report is true and accurate an ability company or the receiver or trust	d that my signature shall have the sale empowered to execute this report	ne legal effect as if r as required by Chap	ection 119.07(3)(i), Florida Statutes. I fu nade under oath; that I am a managing ster 608, Florida Statutes.	g member or manager of the