


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000008905</b> 1. Entity Name <b>SLF DEVELOPMENT, LLC</b>					
Principal Place of Business <b>% SIEGFRIED GOHREND 3400 GATEWAY DRIVE, STE. 100 POMPANO BEACH FL 33069-4850</b>			Mailing Address <b>% SIEGFRIED GOHREND 3400 GATEWAY DRIVE, STE. 100 POMPANO BEACH FL 33069-4850</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number <b>65-0421229</b>	
<b>GOHREND, SIEGFRIED 4950 N.W. 7TH STREET COCONUT CREEK FL 33063</b>				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
				7. Name and Address of New Registered Agent	
				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	GOHREND, SIEGFRIED		NAME		
STREET ADDRESS	4950 N.W. 7TH ST.		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK FL 33063		CITY - ST - ZIP		
TITLE	MEM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	GOHREND, TRAUTE		NAME		
STREET ADDRESS	4950 N.W. 7TH ST.		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK FL 33063		CITY - ST - ZIP		
TITLE	MEM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	GOHREND, HARALD		NAME		
STREET ADDRESS	1231 S.E. 9TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL 33060		CITY - ST - ZIP		
TITLE	MEM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	JOYALLE, SUSAN		NAME		
STREET ADDRESS	MARBLING STRASSE 3B, 83088KIEFERSFELDEN		STREET ADDRESS		
CITY - ST - ZIP	GERMANY		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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"/> Add	
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 exemption stated in Section 119.07(3)(f), 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 <u>Siegfried Gohrend</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE <u>2-25-05</u> DATE		