2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State
02-12-2007 90302 023 ****50.00

DOCUMENT # L99000008905

1. Entity Name
SLF DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
% SIEGFRIED GOHREND 3400 GATEWAY DRIVE, STE. 100 POMPANO BEACH FL 33069-4850	% SIEGFRIED GOHREND 3400 GATEWAY DRIVE, STE. 100 POMPANO BEACH FL 33069-4850

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0421229 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOHREND, SIEGFRIED 4950 N.W. 7TH STREET COCONUT CREEK FL 33063	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 applicable) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOHREND, SIEGFRIED 4950 N.W. 7TH ST. COCONUT CREEK FL 33063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 SIEGFRIED GOHREND FEB 1. 2007 954-972-6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

SIEGFRIED GOHREND MGR APRIL 23.07