

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000720

Entity Name: FFD DEVELOPMENT COMPANY, LLC

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

8427 SOUTH PARK CIRCLE
SUITE 300
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 59-3703246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLMES, STEPHEN P
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSEPPANY, NJ 07054

Title: MGRM (X) Delete
Name: FAIRFIELD RESORTS, I, NC.
Address: 8427 SOUTH PARK CIRCLE, STE. 300
City-St-Zip: ORLANDO, FL 32819

Title: MGR (X) Delete
Name: HUBER, JOSEPH J
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSEPPANY, NJ 07054

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAIRFIELD RESORTS, I, NC.
Address: 8427 SOUTH PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH HUBER

VP

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date