


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002749 1. Entity Name ALLIED CAPITAL AND DEVELOPMENT, LLC	
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Principal Place of Business 3300 PGA BLVD., SUITE 330 PALM BEACH GARDENS, FL 33410	Mailing Address 3300 PGA BLVD., SUITE 330 PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 02-0611800	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, DAMON & POSNER, P.A.
 4420 BEACON CIRCLE, SUITE 100
 WEST PALM BEACH, FL 33407

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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 _____

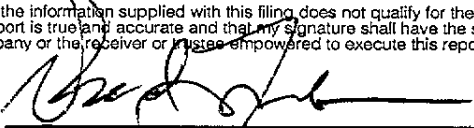
Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASTROIANNI, NICHOLAS A II 3300 PGA BLVD., SUITE 330 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINKELSTEIN, DAVID 3300 PGA BLVD., SUITE 330 PALM BEACH GARDENS, FL 33410
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 02/17/04-80014-009 55.00

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____