


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000002749	
1. Entity Name ALLIED CAPITAL AND DEVELOPMENT, LLC	

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



01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0611800	Applied For Not Applicable
5. Certificate of Status Desired <input 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**

**DO NOT WRITE
IN THIS SPACE**

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: **DONALD ALLISON** **ISIS S. FEDERAL HWY BOCA RATON FL 33432**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

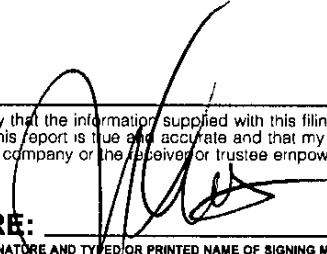
9. MANAGING MEMBERS/MANAGERS

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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05/10/07-80010-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 

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