


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90028 030 ****55.00

DOCUMENT # M04000001012	
1. Entity Name TOXAWAY DEVELOPMENT GROUP, LLC	

Principal Place of Business 7100 W. CAMINO REAL #402 BOCA RATON FL 33433	Mailing Address 7100 W. CAMINO REAL #402 BOCA RATON FL 33433
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2. Principal Place of Business 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite # 14 City & State BOCA RATON FL Zip 33487 Country	3. Mailing Address 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite # 14 City & State BOCA RATON FL Zip 33487 Country
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1st MOORE CR2E083 (10/05)

4. FEI Number 11-3714897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, ASHLEY 7100 W CAMINO REAL #402 BOCA RATON FL 33433	
7. Name and Address of New Registered Agent Name BLOOM, ASHLEY Street Address (P.O. Box Number is Not Acceptable) 6600 W. ROGERS CIRCLE SUITE # 14 City BOCA RATON FL Zip Code 33487	

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ASHLEY BLOOM

04/24/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAPITOL DEVELOPMENT INC 7100 W CAMINO REAL #402 BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAPITOL DEVELOPMENT INC 6600 W. ROGERS CIRCLE SUITE # 14 BOCA RATON FL - 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/24/06 (561) 417-7115