


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003122 1. Entity Name GLEASON DEVELOPMENT, LLC	
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Principal Place of Business 185 N.E. 4TH AVENUE #104 DELRAY BEACH, FL 33483 US	Mailing Address 185 N.E. 4TH AVENUE #104 DELRAY BEACH, FL 33483 US
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DO NOT WRITE IN THIS SPACE



02022006No Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0552430	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 LAUDANI, THOMAS D 185 N.E. 4TH AVENUE #104 DELRAY BEACH, FL 33483

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR LAUDANI, THOMAS D 185 N.E. 4TH AVENUE, #104 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MESITI, ANTHONY 100 ANDOVER BY-PASS, SUITE 300 NORTH ANDOVER, MA 01845
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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:  Thomas Laudani, Manager 2-15-06 561-272-995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #