2006 LIMITED LIABILITY COMPANY
. . . ANNUAL REPORT (AR)

SIGNATURE

Jan 31, 2006 08:00 AM DOCUMENT # M05000002368 **Secretary of State** 1. Entity Name SFM DEVELOPMENT, LLC Principal Place of Business Mailing Address 23 STRATTON DRIVE WAYNE NJ 07470 23 STRATTON DRIVE WAYNE NJ 07470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number City & State City & State Applied For 20-2719188 Not Applicable Ζίρ Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MINUTILLO, FRANCO 610 AMES STREET E Street Address (P.O. Box Number is Not Acceptable) LEHIGH ACRES FL 33972 City Zip Code 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 appricable (NOTE: Rematered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE Change Addition ☐ Delete NAME MINUTILLO, FRANCO MARKE STREET ADDRESS STREET ADDRESS 610 AMES STREET E CITY-SC-ZIP CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete ☐ Addition TITLE TILLE MGR NAME MINUTILLO, LUCY NAME. STREET AUDRESS STREET ADDRESS 610 AMES STREET E CITY - ST-ZIP LEHIGH ACRES FL 33972 CHY-SY-ZIP Addition TITLE ☐ Defeie 10116 ☐ Change NAME Махаг STREET AUDRESS STREET ACURESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP TITE ☐ Delete ១៣ ខ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Octete TITLE ☐ Change ■ Addition NAME NAM! STREET ADDRESS STREET ACCRESS 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 hability company or the receiver or Invstee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

201-248-5053