2006 LIMITED LIABILITY COMPANY

SIGNATURE:

MATURE AND TYPED

## Mar 02, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # M05000006305 02-13-2006 90194 031 \*\*\*\*55.00 DESCOTT DEVELOPMENT LLC Principal Place of Business Mailing Address 3088 CRANBERRY HIGHWAY EAST WAREHAM MA 02538 3088 CRANBERRY HIGHWAY EAST WAREHAM MA 02538 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-0316828 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name "LITHGOW, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 5481 SE 44TH CIR. OCALA FL 34481 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 Segreture, typosid or printed name or suppliered agent and one of appropriate (NOTE: Represent Auera segratory required when reinstalling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 THILE MGR TITLE ☐ Delete ☐ Change ■ Add:tion WRIGHT, PRESCOTT NUL STREET ADDRESS 3088 CRANBERRY HIGHWAY STREET ADDRESS CITY-ST-71P EAST WAREHAM MA 02538 CITY - ST - 71P ипт. Delete TITLE Change Addition NAME LONERGAN, DENIS NAME STREET ADDRESS STREET ADDRESS 3088 CRANBERRY HIGHWAY CITY - ST - ZIP EAST WAREHAM MA 02538 CITY-ST-ZIP nns Delgee TITE F ☐ Change ☐ Addition NAME STRLET ADDRESS STREET ADDRESS CITY - ST-ZIP, CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST - ZIP TUTE F ☐ Defeic TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 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 acceptate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability contipany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

03-24-06 (508)29/-84



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

DESCOTT DEVELOPMENT LLC 3088 CRANBERRY HIGHWAY EAST WAREHAM, MA 02538

Subject: DESCOTT DEVELOPMENT LLC

Reference Number:

M05000006305

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION

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