

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90346 020 \*\*\*\*50.00

**DOCUMENT # L00000009080**

1. Entity Name

FALKENBURG DEVELOPMENT, LLC.



Principal Place of Business

10011 BALAYE RUN DRIVEIVE, SUITE 320  
 BRANDON FL 33619

Mailing Address

5405 CYPRESS CENTER DRIVE, SUITE 320  
 TAMPA FL 33609

24031681



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3663640

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W ESQUIRE  
 106 SOUTH TAMPANIA AVE., SUITE 200  
 TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM  Delete  
 NAME: RATH, FRED  
 STREET ADDRESS: 5404 CYPRESS CENTER DRIVE, SUITE 320  
 CITY-ST-ZIP: TAMPA FL 33609

TITLE: MGRM  Delete  
 NAME: HARPER, WILLIAM  
 STREET ADDRESS: 5404 CYPRESS CENTER DRIVE, SUITE 320  
 CITY-ST-ZIP: TAMPA FL 33609

TITLE: MGRM  Delete  
 NAME: MORRIS, THOMAS E  
 STREET ADDRESS: 9201 BAY POINTE DRIVE  
 CITY-ST-ZIP: ORLANDO FL 32819

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Fred H. Rath*

3/29/04

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

Date

Daytime Phone #