


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000054205</b>	
1. Entity Name SEVEN OAKS DEVELOPMENT, LLC	

Principal Place of Business 242 FIFTH AVENUE INDIALANTIC, FL 32903	Mailing Address P.O. BOX 33307 INDIALANTIC, FL 32903
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**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 57-1209764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ  
 1800 W. HIBISCUS BLVD STE. 138  
 MELBOURNE, FL 32901

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

000000738360  
 05/11/07-80065-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COCHRAN, SR, ROBERT L. 242 FIFTH AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COCHRAN, JR, ROBERT L. 242 FIFTH AVE. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COCHRAN, EVA MAE 242 FIFTH AVE. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Eva Mae Cochran Sec Knard*      4-26-07      (321) 723-0406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #