

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000072365 1. Entity Name 580 YARDARM DEVELOPMENT COMPANY, LLC	
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FILED
07 AUG 23 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 148 N. POLK STREET SARASOTA, FL	Mailing Address P.O. BOX 640 SARASOTA, FL 34230-0640
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2. Principal Place of Business - No P.O. Box # 18815 Conway Windermere Rd Suite, Apt. #, etc. Suite 193 City & State Orlando FL Zip 32835 Country US	3. Mailing Address 18815 Conway Windermere Rd Suite, Apt. #, etc. Suite 193 City & State Orlando FL Zip 32835 Country US
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08172007	Chg-LLC	CR2E083 (12/06)
4. FEI Number APPLIED FOR		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 MESSICK, ROBERT E ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Brivik, Mark Street Address (P.O. Box Number is Not Acceptable) 18815 Conway Windermere Rd Suite 193 City Orlando FL Zip Code 32835
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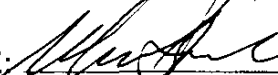
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	18815 Conway Windermere Rd Ste 193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIVIK, MARK		NAME	Orlando FL 32835	
STREET ADDRESS	PO BOX 640		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34230		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	500109183785	
CITY-ST-ZIP			CITY-ST-ZIP	09/07/07--01012--022 **400.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: 	08/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #