


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000056353 1. Entity Name DELAND VILLAGE DEVELOPMENT, LLC	
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Principal Place of Business 2104 BLUE IRIS PLACE LONGWOOD, FL 32779 US	Mailing Address 2104 BLUE IRIS PLACE LONGWOOD, FL 32779 US
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DO NOT WRITE IN THIS SPACE

07042007 No Chg-LLC		CR2E083 (11/05)
4. FEI Number 20-2999240	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 VARMA, BOB 2104 BLUE IRIS PLACE LONGWOOD, FL 32779	<p style="font-size: 24pt;">DO NOT WRITE IN THIS SPACE</p>
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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VARMA, BOB A 2104 BLUE IRIS PLACE LONGWOOD, FL 32779
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 07/16/07-80010-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  7/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #