


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90075 008 \*\*\*138.75

**DOCUMENT # L05000119207**

1. Entity Name  
**DUTCH DEVELOPMENT, LLC**



Principal Place of Business  
**121 WEST UNDERWOOD STREET  
 ORLANDO, FL 32806 US**

Mailing Address  
**121 WEST UNDERWOOD STREET  
 ORLANDO, FL 32806 US**

2. Principal Place of Business - No P.O. Box #  
**105 Bonnie Loch**

3. Mailing Address  
**105 Bonnie Loch**

Suite, Apt. #, etc.  
**Suite A**

City & State  
**Orlando, FL**

Zip  
**32806** Country **US**



02132008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**DEN BESTE, BRIAN P  
 121 WEST UNDERWOOD STREET  
 ORLANDO, FL 32806**

4. FEI Number  
**20-5722021**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**105 Bonnie Loch**  
**Suite A**  
 City **Orlando** FL Zip Code **32806**

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.

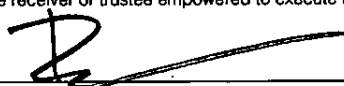
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEN BESTE, BRIAN P 121 WEST UNDERWOOD STREET ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 Bonnie Loch, Suite A Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEN BESTE, KIMBERLY H 121 WEST UNDERWOOD STREET ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 Bonnie Loch, Suite A Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **2/13/08** DAYTIME PHONE # \_\_\_\_\_