


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90021 010 ***138.75

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DOCUMENT # L06000017378			
1. Entity Name 16A DEVELOPERS, LLC			
Principal Place of Business 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 US		Mailing Address 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03272008		Chg-LLC	
4. FEI Number 20-4346217		CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TROUP, KEVIN L 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207		Name <u>Lewis Levi Ritter IV</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>1914 Art Museum Drive</u>	
		City <u>Jacksonville</u> FL Zip Code <u>32207</u>	
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 <u>[Signature]</u>		DATE <u>4/17/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	MGR THE ALTERRA GROUP, LLC 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u>		DATE <u>4/17/08</u> (904) 399-0134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	