


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90065 042 ****50.00

DOCUMENT # L99000005740	
1. Entity Name COTTON STRIP DEVELOPMENT, L.L.C.	

Principal Place of Business 6118 S.R. 80 WEST ALVA, FL 33920	Mailing Address 6118 S.R. 80 WEST ALVA, FL 33920
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2. Principal Place of Business - No P.O. Box # <i>6118 SR 80 WEST</i>	3. Mailing Address <i>6118 SR 80 WEST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03122007 Chg-LLC CR2E083 (12/06)

City & State <i>Labelle FL</i>	City & State <i>Labelle FL</i>
Zip <i>33935</i>	Zip <i>33935</i>
Country <i>Almdny</i>	Country <i>Almdny</i>

4. FEI Number 65-0956394	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUTLER, CAREY E 1625 HENDRY STREET, STE 301 FORT MYERS, FL 33901	Name <i>Michael Leo Shults</i>
	Street Address (P.O. Box Number is Not Acceptable) <i>6118 SR 80 WEST</i>
	City <i>Labelle</i>
	State FL
	Zip Code <i>33935</i>

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 *[Signature]* *President 4-27-07* DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHULTS, MICHAEL 6118 S.R. 80 WEST ALVA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Labelle, FL 33935 (zip change)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELAM-SHULTS, BETHENY 6118 S.R. 80 WEST ALVA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Labelle, FL 33935 (zip change)</i>
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
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: *[Signature]* *President 4-27-07* *8656127388*

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