


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90053 008 ***138.75

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>Same</i>	3. Mailing Address Suite, Apt. #, etc.
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City & State <i>Labelle, FL</i>	City & State <i>Labelle, FL</i>
Zip <i>33935</i>	Country <i>U.S.</i>

01102008 Chg-LLC CR2E083 (12/06)



6. Name and Address of Current Registered Agent SCHULTS, MICHAEL L 6118 SR 80 WEST LABELLE, FL 33935		4. FEI Number 65-0956394		Applied For Not Applicable
7. Name and Address of New Registered Agent Name <i>Shults (mis-spelled)</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Street Address (P.O. Box Number is Not Acceptable)		City FL Zip Code		

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
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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 LABELLE, FL 33935 <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	MGRM ELAM-SHULTS, BETHENY 6118 S.R. 80 WEST LABELLE, FL 33935 <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
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]* **4-28-08 863-85-1292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #