


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000100846**  
 1. Entity Name  
**LITHIA PROPERTY DEVELOPMENT, INC.**



Principal Place of Business      Mailing Address  
**115 LITHIA RD**                      **115 LITHIA RD**  
**BRANDON, FL 33511 US**              **BRANDON, FL 33511 US**

**DO NOT WRITE IN THIS SPACE**



02082007    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
**65-0917120**                      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SMITH, TOM**  
**800 W PLATT STREET**  
**SUITE #3**  
**TAMPA, FL 33506**

**DO NOT WRITE IN THIS SPACE**

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: Tom Smith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HUTTON, JENNINGS 115 LITHIA RD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTON, MARIANNE 115 LITHIA RD BRANDON, FL 33511
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100000758651  
 05/24/07-80011-021 150.00

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #