2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000076440

1. Entity Name
SOUTHSTAR DEVELOPMENT PARTNERS, INC.

Principal Place of Business	Mailing Address
255 ALHAMBRA CIRCLE SUITE 325 MIAMI, FL 33134 US	255 ALHAMBRA CIRCLE SUITE 325 MIAMI, FL 33134 US

DO NOT WRITE IN THIS SPACE

03042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0948613
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANGLEY, MARCIA
5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000912644
05/07/08-80087-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	RUTHERFORD, LARRY J
STREET ADDRESS	255 ALHAMBRA CIRCLE, #325
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	EVP
NAME	WOODBURY, KIMBALL
STREET ADDRESS	255 ALHAMBRA CIRCLE, #325
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	AS
NAME	CAITS, CLARA
STREET ADDRESS	255 ALHAMBRA CIRCLE, #325
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: A. Jay Rutherford 4-16-08 305-476-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #