

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L00000000568

1. Entity Name  
THE DEVELOPERS GROUP, LLC



Principal Place of Business  
1819 MAIN STREET  
SUITE 200  
SARASOTA, FL 34236

Mailing Address  
1819 MAIN STREET  
SUITE 200  
SARASOTA, FL 34236

FILED

07 MAR 23 PM 12:45

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA



02142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3634083

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, CHRISTINE  
1819 MAIN STREET  
SUITE 200  
SARASOTA, FL 34236

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRP  
CLABAUGH, JAMES  
1819 MAIN STREET, STE 200  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GIBSON, CHRISTINE  
1819 MAIN STREET, STE 200  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
MCCULLOUGH, PAMELA  
1819 MAIN STREET, STE 200  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
FULLERTON, ROBERT  
1819 MAIN STREET, STE 200  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700095883887  
04/05/07--01029--016 \*\*200.00

\$73/29

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Christine Gibson* Christine Gibson 3/13/2007 941-366-4114