

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90158 012 \*\*\*\*50.00



**DOCUMENT # L00000009080**

1. Entity Name

FALKENBURG DEVELOPMENT, LLC.

Principal Place of Business

10011 BALAYE RUN DRIVE, SUITE 320  
BRANDON FL 33619

Mailing Address

5405 CYPRESS CENTER DRIVE, SUITE 320  
TAMPA FL 33609

2. Principal Place of Business

10011 BALAYE RUN DR.

3. Mailing Address



1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-3663640

Applied For

Not Applicable

Zip

33619

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLCOMB, VICTOR W ESQUIRE  
106 SOUTH TAMPANIA AVE., SUITE 200  
TAMPA FL 33609

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME RATH, FRED  
STREET ADDRESS 5404 CYPRESS CENTER DRIVE, SUITE 320  
CITY-ST-ZIP TAMPA FL 33609

TITLE MGRM ☐ Delete  
NAME HARPER, WILLIAM  
STREET ADDRESS 5404 CYPRESS CENTER DRIVE, SUITE 320  
CITY-ST-ZIP TAMPA FL 33609

TITLE MGRM ☐ Delete  
NAME MORRIS, THOMAS E  
STREET ADDRESS 9201 BAY POINTE DRIVE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Fred H. Rath*

2/19/05

813-636-8860