2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010978

FILED Apr 03, 2009 Secretary of State

Entity Name: ELDER LAND DEVELOPMENT OF TAMPA BAY, LLC

New Principal Place of Business: Current Principal Place of Business: 320 E FLETCHER AVE TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 320 E. FLETCHER AVE TAMPA, FL 33612 FEI Number: 59-3670206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELDER, ROBERT R 320 E FLETCHER AVE TAMPA, FL 33612 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ELDER, ROBERT R Name: Name: Address: 320 E FLETCHER AVE Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ELDER, PHILIP A Name: Address: 1815 MAPLELAWN Address: City-St-Zip: TROY, MI 48084 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BATTERSHALL, STEPHANIE Name: Name: 1815 MAPLELAWN Address: Address: City-St-Zip: TROY, MI 48084 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ELDER, IRMA B Name: Address: 1815 MAPLELAWN Address: City-St-Zip: TROY, MI 48084 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT R. ELDER MGR 04/03/2009