

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90057 018 \*\*\*\*50.00

**20000409**



01082007 Chg-LLC CR2E083 (12/06)

**DOCUMENT # L01000003850**

1. Entity Name  
ENVIRODEV PROPERTIES, L.L.C.



Principal Place of Business  
10501 JOHANNA AVE  
RIVERVIEW, FL 33569

Mailing Address  
P.O. BOX 489  
RIVERVIEW, FL 33568

2. Principal Place of Business - No P.O. Box #  
**2850 BAYSHORE TRAILS DR**

3. Mailing Address  
**PO Box 130140**

Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

Zip  
**33681**

Country

4. FEI Number  
**59-3713491**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
CUSTARD, GALEN  
10501 JOHANNA AVE  
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, GLEN E 8925 EAGLE WATCH DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17320 DORMAN Rd LITHIA, FL 33547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CAMPO, DANIEL E 10501 JOHANNA AVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 758 Boca Grande, FL 33921</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CUSTARD, GALEN 10501 JOHANNA AVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2850 BAYSHORE TRAILS DR TAMPA, FL 33681</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **01/05/07** **813.240.725**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #