

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007108

FILED
May 04, 2008
Secretary of State

Entity Name: GAVIN DEVELOPMENT LLC

Current Principal Place of Business:

500 SOUTH SURF ROAD
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 223517
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 59-3714287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GAVIN, LAURIE
500 SOUTH SURF ROAD
HOLLYWOOD, FL 33019 US

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:

Title: MGRM () Delete
Name: GAVIN, THOMAS
Address: 500 SOUTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM () Delete
Name: GAVIN, LAURIE
Address: 500 SOUTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Delete
Name: GAVIN, DALE
Address: 500 SOUTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: THOMAS GAVIN

MGRM

05/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date