

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90540 011 \*\*\*\*50.00

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|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>DOCUMENT # L01000019752</b><br>1. Entity Name<br><b>TUPELO DEVELOPMENT, LLC</b>  |   |                                 |  |   |  |
| Principal Place of Business<br><b>401 E. VIRGINIA STREET<br/>TALLAHASSEE, FL 32301</b>  |   |                                 | Mailing Address<br><b>401 E. VIRGINIA STREET<br/>TALLAHASSEE, FL 32301</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                              |   |  |
| City & State  |   |                                 | City & State   |   |  |
| Zip   |   | Country                         |  | Zip   |  |
| Country   |   | Country                         |  | 4. FEI Number<br><b>59-3759580</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEWIS, JOHN R<br/>401 E. VIRGINIA STREET<br/>TALLAHASSEE, FL 32301</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |
| 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. |   |                                 |  | FL Zip Code   |  |
| SIGNATURE <i>John R. Lewis</i><br><small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>                                  |   |                                 |  | DATE <b>3-17-05</b>   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   |                                 |  | Make check payable to<br>Florida Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>LEWIS, JOHN R<br>4501 ROCKBRIDGE HOLLOW<br>TALLAHASSEE, FL 32308      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | MGRM<br>William Mayfield<br>4323 Capital Circle NW<br>Tallahassee, FL 32303   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MAYFIELD, EMORY L<br>7510 BUCK LAKE ROAD<br>TALLAHASSEE, FL 32311     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | MGRM<br>Lewis, Bradford<br>813 Ingleside<br>Tallahassee, FL 32303   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>LEWIS, BRADFORD R<br>911 PINE STREET<br>TALLAHASSEE, FL 32303         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | MGRM<br>Mayfield, Henry M<br>1572 COLONIAL TERRACE<br>TALLAHASSEE, FL 32303   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CANUP, EDWARD G<br>2400 DEBDEN ROAD<br>TALLAHASSEE, FL 32308          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | MGRM<br>Canup, Edward G.<br>4967 Glen Castle<br>Tallahassee, FL 32309   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>WILKINSON, BEN H JR.<br>4694 HIGH GROVE ROAD<br>TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>John R. Lewis</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                                 | Date <b>3/17/05</b><br><small>Daytime Phone #</small>                      |   |  |