
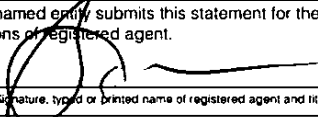


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000020596 1. Entity Name BURNS DEVELOPMENT LLC			FILED 07 FEB -2 PM 4:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																								
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 501 HAMES AVE., SUITE A ORLANDO, FL 32805</div><div>Mailing Address P.O. BOX 2640 WINDERMERE, FL 34786</div></div>		 01052007 No Chg-LLC CR2E083 (11/05)																																									
DO NOT WRITE IN THIS SPACE																																											
6. Name and Address of Current Registered Agent BURNS, ROBERT L 501 HAMES AVE., SUITE A ORLANDO, FL 32805		DO NOT WRITE IN THIS SPACE																																									
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.																																											
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																											
<div style="display: flex; justify-content: space-between;"><div>Filing Fee is \$50.00 Due by May 1, 2007</div><div style="text-align: right;">000088728480 02/19/07--01039--027 **268.75</div></div>																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>BURNS, ROBERT L</td></tr><tr><td>STREET ADDRESS</td><td>9012 SOUTH BAY DR</td></tr><tr><td>CITY- ST- ZIP</td><td>ORLANDO, FL 32819</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	MGR	NAME	BURNS, ROBERT L	STREET ADDRESS	9012 SOUTH BAY DR	CITY- ST- ZIP	ORLANDO, FL 32819	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
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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.																																											
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>DATE _____</div><div>Daytime Phone # _____</div></div> <div style="font-size: small; margin-top: 5px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</div>																																											