

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000780

FILED
Apr 11, 2005
Secretary of State

Entity Name: MOULTRIE DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 04-3587705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRAGUSA, MICHAEL A
780 N. PONCE DE LEON BLVD.
C/O UPCHURCH BAILEY & UPCHURCH, P.A.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: SIRAGUSA, MICHAEL
Address: 780 N. PONCE DE LEON BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: GALLAGHER, LES R
Address: 105 BILBAO DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STREAMSIDE INVESTMEN, TS, LLC
Address: 780 N. PONCE DE LEON BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGRM (X) Change () Addition
Name: GALLAGHER & GALLAGHE, R, INC.
Address: 315 CORTEZ DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL A. SIRAGUSA, MGR STREAMSIDE INVEST

MGR

04/11/2005

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