




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90140 013 \*\*\*\*55.00

|  |   |  |  |   |                     |
|--|---|--|--|---|---------------------|
| <b>DOCUMENT # L02000005625</b><br>1. Entity Name<br><b>MCDANIEL SITE DEVELOPMENT, LLC</b>  |   |  |  |  |                     |
| Principal Place of Business<br><b>1601 CAMERBUR DR.<br/>ORLANDO, FL 32805</b>  |   |  | Mailing Address<br><b>1601 CAMERBUR DR.<br/>ORLANDO, FL 32805</b>  |   |                     |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |                     |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |                     |
| City & State   |   | City & State   |  |   |                     |
| Zip  | Country   | Zip  | Country  |   |                     |
| <div style="display: flex; justify-content: space-between;"> <span>01032007 Chg-LLC CR2E083 (12/06)</span> <div style="border: 1px solid black; padding: 2px;">  </div> </div>   |   |  |  |   |                     |
| 4. FEI Number<br><b>04-3620903</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |                     |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |  |  | <b>\$5.00</b> Additional Fee Required   |                     |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MCDANIEL, RUSSELL E<br/>1601 CAMERBUR DR.<br/>ORLANDO, FL 32805</b>   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____  |   |  |  |   |                     |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |                     |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MCDANIEL, RUSSELL E<br/>4510 KOGER STREET<br/>ORLANDO, FL 32812</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>MCDANIEL, ERIC<br/>4510 KOGER STREET<br/>ORLANDO, FL 32812</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |   |                     |
| <b>SIGNATURE:</b>   |   | <b>ERIC McDaniel</b>   |  | <b>3-16-07</b>  | <b>407-839-3335</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date   |  | Daytime Phone #   |                     |