


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L02000008172</b> 1. Entity Name WISTERIA DEVELOPMENT, LLC	
---	---

Principal Place of Business 1314 W. BEARSS AVE TAMPA, FL 33613 US	Mailing Address 1314 W. BEARSS AVE TAMPA, FL 33613 US
---	---



04032008 No Chg-LLC CR2E083 (12/07)

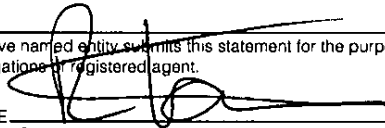
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0548503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
TATRO, ROBERT  
1314 W. BEARSS AVE  
TAMPA, FL 33613

**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.

SIGNATURE  DATE 4/3/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**


U000000883515  
04/17/08-80006-025 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, BRIAN 1314 W. BEARSS AVE. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TATRO, ROBERT 1312 W. BEARSS AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TATRO, APRIL 1312 W. BEARSS AVE TAMPA, FL 33613
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**

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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #