

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-19-2007 90028 024 ****50.00

DOCUMENT # L02000008287 1. Entity Name CONDEV DEVELOPMENT SERVICES, LLC			
Principal Place of Business 2479 ALOMA AVENUE WINTER PARK, FL 32792		Mailing Address 2479 ALOMA AVENUE WINTER PARK, FL 32792	
2. Principal Place of Business - No P.O. Box # 400 W. Morse Blvd		3. Mailing Address PO Box 1748	
Suite, Apt. #, etc. Ste 101		Suite, Apt. #, etc. 	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789	Country	Zip 32790	Country
6. Name and Address of Current Registered Agent GARDNER, ANDREW M 2479 ALOMA AVENUE WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 W. Morse Blvd. Ste 101 City Winter Park FL Zip Code 32789	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME GARDNER, ANDREW M STREET ADDRESS 2479 ALOMA AVE. CITY-ST-ZIP WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE Mgr NAME Gardner, Andrew M STREET ADDRESS 400 W. Morse Blvd, Ste 101 CITY-ST-ZIP Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME GARDNER, CHRISTOPHER STREET ADDRESS 2479 ALOMA AVE. CITY-ST-ZIP WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE Mgr NAME Gardner, Christopher STREET ADDRESS 400 W. Morse Blvd, Ste 101 CITY-ST-ZIP Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: Andrew Gardner <i>Andrew Gardner 4/19/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
02-0612303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required