

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008472

1. Entity Name
EDEN'S LANDING DEVELOPMENT, LLC



Principal Place of Business
**6444 HWY 20 E
FREEPORT, FL 32439**

Mailing Address
**6444 HWY 20 E
FREEPORT, FL 32439**



02152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0543264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LYDOLPH, PORATH & ASSOCIATES, P.A.
2441 U.S. HWY 98 E
108
SANTA ROSA BEACH, FL 32459**

**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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CURENTON, DON
173 S. GULF DR.
SANTA ROSA BCH, FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
STAFFORD, LYN
259 CENTER AVE.
SANTA ROSA, FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
YOUNG, PHYLLIS
6444 HWY 20 E
FREEPORT, FL 32439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000071446
03/01/04-80071-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: LYN C. STAFFORD, Lyn C. Stafford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-20-2004 850-622-0775
Date Daytime Phone #