

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90052 002 \*\*\*\*50.00

**DOCUMENT # L02000008472**

1. Entity Name

**EDEN'S LANDING DEVELOPMENT, LLC**



**55012710**

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**82-054-3264**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE **MGR & PTNR** NAME **LYN STAFFORD** ☐ Delete  
STREET ADDRESS **259 CENTER AV.**  
CITY-ST-ZIP **SANTA ROSA BCH, FL 32439**

TITLE **MGR & PTNR** NAME **PHYLLIS YOUNG** ☐ Delete  
STREET ADDRESS **6444 HWY 20 E**  
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Stafford, Manager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*January 24, 2003* **850-231-1400**  
Date Daytime Phone #

CR2E083 (10/02)