

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026431

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** FLORIDA - GEORGIA DEVELOPMENT, LLC

**Current Principal Place of Business:**

18 NE 2ND ST.  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

18 NE 2ND ST.  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

6419 NORTH PARQUA CIRCLE.  
CRYSTAL RIVER, FL 34428

**FEI Number:** 51-0955131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, GORDON E  
18 NE 2ND ST.  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CLARK, GORDON E  
Address: 18 NE 2ND ST  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM ( ) Delete  
Name: CLARK, JILL S  
Address: 18 NE 2ND ST  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CLARK, GORDON E  
Address: 6419 NORTH PARQUA CIRCLE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** GORDON E CLARK

RGRM

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date