


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90051 006 \*\*\*138.75

<b>DOCUMENT # L02000030034</b>	
1. Entity Name <b>PARIS DEVELOPMENT, L.C.</b>	

Principal Place of Business <b>15365 AMBERLY DRIVE TAMPA FL 33647</b>	Mailing Address <b>15365 AMBERLY DRIVE TAMPA FL 33647</b>
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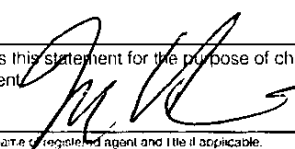
2. Principal Place of Business - No P.O. Box # <b>8709 Hunter's Green Dr</b>	3. Mailing Address <b>8709 Hunter's Green Dr</b>
Suite, Apt. #, etc. <b>300</b>	Suite, Apt. #, etc. <b>300</b>
City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>
Zip <b>33647</b>	Country <b>USA</b>

2nd MOORE CR2E083 (4/08)

6. Name and Address of Current Registered Agent <b>PARIS, MARK 15365 AMBERLY DRIVE TAMPA FL 33647</b>	
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4. FEI Number <b>22-3887447</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name <b>PARIS, MARK</b> Street Address (P.O. Box Number is Not Acceptable) <b>8709 HUNTER'S GREEN DR</b> <b>SUITE 300</b> City <b>TAMPA</b> FL Zip Code <b>33647</b>	
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 <b>6/15/08</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARIS, MARK 15365 AMBERLY DRIVE TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARIS, MARK 8709 Hunter's Green Dr., STE 300 TAMPA, FL 33647</b> <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
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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: 

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

DATE **6/15/08** (813) 994-0909

Date

Daytime Phone #