

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000032543

1. Entity Name
STARFISH DEVELOPMENT, LLC



Principal Place of Business
88-A N. HOLIDAY ROAD
DESTIN, FL 32550

Mailing Address
88-A N. HOLIDAY ROAD
DESTIN, FL 32550

FILED
Apr 05, 2007 08:00 AM
Secretary of State



03142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1033977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, D. BRYANT
662 HIGHWAY 98E, UNIT 940
DESTIN, FL 32541

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTIN, D. BRYANT
STREET ADDRESS	662 HIGHWAY 98E, UNIT 940
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	MARTIN, CHRISTINA F
STREET ADDRESS	662 HIGHWAY 98E, UNIT 940
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000690605
04/11/07-80084-005 50.00

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-2-07

850-654-3133