

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90027 043 ***138.75

DOCUMENT # L02000032816

1. Entity Name
DEVELOPERS OF PARK PLACE, LLC



Principal Place of Business

109 TAYLOR ST.
SUITE 112
PUNTA GORDA, FL 33950

Mailing Address

P.O. BOX 511448
PUNTA GORDA, FL 33951-1448

50005458



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1164358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
109 TAYLOR ST.
SUITE 112
PUNTA GORDA, FL 33950

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CRIST, DOUGLAS E
STREET ADDRESS 6170 WHITEHILLS LAKE DR
CITY-ST-ZIP EAST LANSING, MI 48823

TITLE MGRM
NAME FASSETT, RANDY
STREET ADDRESS P.O. BOX 511448
CITY-ST-ZIP PUNTA GORDA, FL 33951

TITLE MGRM
NAME JOHNS, LEWIS
STREET ADDRESS 316 E MICHIGAN AVE
CITY-ST-ZIP LANSING, MI 48933

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

4-29-08 94639-4220