FILED Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90132 033 ***138.75

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-34		ANNUAL REPORT	
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1. Entity Nam	MENT # L02000034 EVELOPMENT, LLC	1050			6002176	ıb	
Principal Plac	e of Business	Mailing Address			-		
610 E. MAIN		610 E. MAIN STREET				k	
LEESBURG, FL 34748 LEESBURG, FL 34748							:
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		1					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	# etc	Suite, Apt. #, etc.					
Julie, Apr.	w, 610.	ουιτε, Αρτ. π, ετσ.		01072008	Chg-LLC	CR2E083 (12/06)	
City & Stat	te	City & State		4. FEI Numb	er	Ar	plied For
				65-116	4009	No	t Applicable
Zip	Country	Zip	Country	5 Certificate	of Status Desired	□ \$5.00 Add	ditional
			•			Fee Require	d
ļ	6. Name and Address of Current	Registered Agent		7. Name an	Address of New	Registered Agent	
BOBLICK	H.D. IB		Name				
ROBUCK,	IN STREET		Street Add	Iress (P.O. Box Numb	er is Not Acceptab	ile)	
	G, FL 34748		<u> </u>			_	
			j				
	•		City	•		FL Zip Cod	e
		<u> </u>				<u> </u>	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its i	registered office or re	egistered agent, or bo	oth, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE	: Registered Agent signature	recurred when reinstaland		DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.79	5				ke check payable to da Department of Stat	6
			1 10.		Florid	• •	e
After May	y 1, 2008 Fee will be \$538.79	ERS/MANAGERS	10.		Florid	da Department of State	
After May	y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	ERS/MANAGERS Delete			Florid	da Department of Stat	e Addition
9.	y 1, 2008 Fee will be \$538.79 MANAGING MEMBE	ERS/MANAGERS Delete	TITLE		Florid	da Department of State	
9. TITLE NAME	MANAGING MEMBER D RO-MAC LUMBER \$ SUPPLY, I	ERS/MANAGERS Delete	TITLE NAME		Florid	da Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE D RO-MAC LUMBER \$ SUPPLY, I 610 E. MAIN ST	ERS/MANAGERS Delete	TITLE NAME STREET ADDRESS		Florid	da Department of State	
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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: H. D. Robuck, Jr., Manager: (180) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 03/26/08 352-314-3177 Daytime Phone #