2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90021 009 ***138.75

DOCUMENT # L03000001866

1. Entity Name
VAN FLEET INTERNATIONAL AIRPORT DEVELOPMENT GROUP LLC

60040092

Principal Place of Business	Mailing Address
103 SOUTH NINTH AVE WAUCHULA, FL 33873	103 SOUTH NINTH AVE WAUCHULA, FL 33873

04302008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
111 2ND AVE NE	111 2ND AVE NE
Suite, Apt. #, etc. SUITE 900	Suite, Apt. #, etc. SUITE 900
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33701 Country USA	Zip 33701 Country USA

4. FEI Number 82-0583550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
150 SECOND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name REED, JOHN W
Street Address (P.O. Box Number is Not Acceptable) 111 2ND AVE NE
SUITE 900
City ST. PETERSBURG FL Zip Code 33701

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 John W Reed John W Reed 4/30/08
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAR-LAND DEV GROUP LLC 111 2ND AVE NE, STE 917 SAINT PETERSBURG, FL 33701	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, JOHN W 111 2ND AVE NE SUITE 900 ST. PETERSBURG, FL 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: John W Reed John W Reed 4/30/08 727-895-5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #