

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-11-2008 90137 047 ***138.75

DOCUMENT # L03000009465

1. Entity Name

STRASSER DEVELOPMENT PARCEL D, LLC



Principal Place of Business

1042 NORTH U.S. HIGHWAY 1
ORMOND BEACH FL 32174

Mailing Address

1042 NORTH U.S. HIGHWAY 1
ORMOND BEACH FL 32174

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1181599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRASSER, CHARLES L
1042 N. U.S. HWY 1
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent's signature required if agent is not a member)

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 **MGRM** ☐ Delete
NAME **Director**
STREET ADDRESS **STRASSER, CHARLES L**
CITY- ST- ZIP **1316 JOHN ANDERSON DRIVE**
ORMOND BEACH FL 32176

TITLE **Director** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **member Director** ☐ Change ☒ Addition
NAME **Scott Strasser**
STREET ADDRESS **434 S. Beach Street**
CITY- ST- ZIP **Ormond Beach, FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **member Director** ☐ Change ☒ Addition
NAME **Bryan Collier**
STREET ADDRESS **1310 John Anderson Drive**
CITY- ST- ZIP **Ormond Beach, FL 32176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **member Director** ☐ Change ☒ Addition
NAME **Bruce Rosemeyer**
STREET ADDRESS **1637 N US Hwy 1**
CITY- ST- ZIP **Ormond Beach, FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles L Strasser*

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

Day

City/State

1/24/08 384-673-7002