

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L03000010690

1. Entity Name
STEINHATCHEE DEVELOPMENT, LLC



Principal Place of Business
2040 NORTHWEST 67TH PLACE
GAINESVILLE, FL 32653

Mailing Address
2040 NORTHWEST 67TH PLACE
GAINESVILLE, FL 32653



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1178655 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

CRUTCHER, KEITH A
2040 NORTHWEST 67TH PLACE
GAINESVILLE, FL 32653

**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**

U00000657085
03/14/07-80051-017-50.00

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EDWARDS, GEORGE C 2527 NW 66TH TERRACE GAINESVILLE, FL 32606 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CRUTCHER, KEITH A 2040 NW 67TH PLACE GAINESVILLE, FL 32653 |
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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:

Keith A. Crutcher

3/23/07

352-264-7181

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

Date

Daytime Phone #