

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90198 006 ****55.00

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DOCUMENT # L03000014213			
1. Entity Name EXIT 15 DEVELOPMENT, LLC			
Principal Place of Business 5425 PARK CENTRAL COURT NAPLES, FL 34109 US <i>See change below</i>		Mailing Address 159 S. MAIN STREET SUITE 500 AKRON, OH 44308 US	
2. Principal Place of Business - No P.O. Box # 9010 Strada Stell Court		3. Mailing Address	
Suite, Apt. #, etc. Unit 207		Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34109	Country USA	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICE, ROGER B 5425 PARK CENTRAL COURT NAPLES, FL 34109		Name <i>Spurce</i> Street Address (P.O. Box Number is Not Acceptable) 9010 Strada Stell Court Unit 207 City <i>Naples</i> FL Zip Code <i>34109</i>	
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 <i>Roger B. Rice</i>		DATE <i>1-30-2007</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID L. BRENNAN TRUST- 1996 850 NELSON;S WALK NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNSET VIEW MANAGEMENT CO., LLC 159 S. MAIN STREET, SUITE 500 AKRON, OH 44308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Joseph Welbes, Vice President</i>		Date <i>1/22/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day Phone #	