

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90315 024 \*\*\*\*50.00

**DOCUMENT # L03000019078**

1. Entity Name  
ASSET DEVELOPMENT PARTNERS, L.L.C.



Principal Place of Business

~~6517 MUSSELLS ACRES RD.~~  
~~JACKSONVILLE, FL 32258~~  
P.O. Box 56994  
Jax, FL 32241

Mailing Address

~~6517 MUSSELLS ACRES RD.~~  
~~JACKSONVILLE, FL 32258~~  
P.O. Box 56994  
Jax, FL 32241

00048877



**DO NOT WRITE IN THIS SPACE**

04232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

90-0083898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOWLUS, MICHAEL ESQ  
FORD, JETER, BOWLUS, ET AL  
10110 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BUCHANAN, MELISSA  
PO BOX 56994  
JACKSONVILLE, FL 32241

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

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

Date

Daytime Phone #