## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000025802

1. Entity Name

ANASTASIA ISLAND DEVELOPERS LLC



FILED Apr 10, 2007 08:00 AM Secretary of State

Principal Place of Business

5184 MED TRAS AVENUE ST AUGUSTINE, FL 32080 Mailing Address

5184 MEDERAS AVENUE ST AUGUSTINE, FL 32080



02172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0088796

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DELORENZO, ANDREW J 5184 MED**Ø**RAS AVENUE ST AUGUSTINE, FL 32080

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<ol><li>The above named entity submits this statement for the purpose of chang the obligations of registered agent.</li></ol>	ing its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent eignature 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 FITLE NAME	MGR DELORENZO, ANDREW J 5184 MEDORAS AVENUE ST AUGUSTINE, FL 32080	
STREET ADDRESS CITY-ST-ZIP		
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11 I hereby	pertify that the information supplied with this filling does not qualify for the	

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11. 1 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 19/3/67 (904)461-8959