## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000027728

Entity Name
 ABERDEEN DEVELOPMENT, LLC



FILED
Apr 24, 2008 08:00 AM
Secretary of State

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

Mailing Address

255 ALHAMBRA CIRCLE, SUITE 312 MIAMI, FL 33134

255 ALHAMBRA CIRCLE, SUITE 312 MIAMI, FL 33134



04152008 No Chg-LLC

CR2E083 (12/07)

305-476-1515

| 4. FEI Number                    | _      | Applied For    |
|----------------------------------|--------|----------------|
| 20-0161885                       |        | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional     |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANGLEY, MARCIA H 5100 TOWN CENTER CIRCLE, SUITE 400 BOCA RATON, FL 33486

## DO NOT WRITE IN THIS SPACE

| 8. The above<br>the obliga                     | e named entity submits this statement for the purpose of chang<br>tions of registered agent. | ging its registered office or registered agent, or b         | ooth, 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 signature required when reinstating) | DATE  |
| After Mag                                      | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                   |  |   |
| 9. 1   | MANAGING MEMBERS/MANAGERS  |  | ,   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM<br>RUTHERFORD, LARRY J<br>255 ALHAMBRA CIR #325<br>MIAMI, FL 33134                      |  | 05/13/08-80082-008 138.75                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | DO   | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | IN   | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |   |
| TITLE -<br>NAME<br>STREET ADDRESS              |  |  |   |

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 empewered to execute this report as required by Chapter 608, Florida Statutes.

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

4-16-08