


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90021 012 ***138.75

DOCUMENT # L03000027929

1. Entity Name
VAN FLEET DEVELOPMENT GROUP USA, LLC




Principal Place of Business Mailing Address
 103 SOUTH NINTH AVE 103 SOUTH NINTH AVE
 WAUCHULA, FL 33873 WAUCHULA, FL 33873

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
111 2ND AVE NE **111 2ND AVE NE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 900 **SUITE 900**

City & State City & State
ST. PETERSBURG, FL **ST. PETERSBURG, FL**
 Zip Country Zip Country
33701 **USA** **33701** **USA**

00020003



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-0125689 Not Applicable

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

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
 150 SECOND AVENUE NORTH, SUITE 1100
 ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name
REED, JOHN W
 Street Address (P.O. Box Number is Not Acceptable)
111 2ND AVE NE
SUITE 900
 City State Zip Code
ST. PETERSBURG FL 33701

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: John W Reed John W Reed 4/30/08

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	STAR-LAND DEVELOPMENT, LLC	111 2ND AVE NE, STE 917	<input checked="" type="checkbox"/>
		SAINT PETERSBURG, FL 33701		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM	REED, JOHN W	111 2ND AVE NE SUITE 900	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		ST. PETERSBURG, FL 33701			
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"/> Change	<input type="checkbox"/> Addition
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"/> 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: John W Reed John W Reed 4/30/08 727.895.5122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #