



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90037 045 ****50.00

DOCUMENT # L03000038948 1. Entity Name DEER LAKE DEVELOPMENT COMPANY, L.L.C.					
Principal Place of Business 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550			Mailing Address 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box # 6910 E CR 30-A Suite, Apt. #, etc.		3. Mailing Address 6910 E CR 30-A Suite, Apt. #, etc.			
City & State Prominence FL Zip 32413		City & State Prominence FL Zip 32413		4. FEI Number 71-0953119	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, THOMAS B JR 12889 EMERALD COAST PKWY SUITE 111-A DESTIN, FL 32550			7. Name and Address of New Registered Agent Name Henry, Thomas B Jr Street Address (P.O. Box Number is Not Acceptable) 6910 E CR 30-A City Prominence FL Zip Code 32413		
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: <u><i>Thomas B Jr</i></u> DATE: <u>4/23/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)</small>					
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	MGR HENRY, THOMAS B JR. 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Henry, Thomas B Jr. 6910 E CR 30-A Prominence FL 32413
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLONIAL REAL ESTATE COMPANY, INC 2000 INTERSTATE PARK DR., SUITE 400 MONTGOMERY, AL 36109	<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			
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: <u><i>Thomas B Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: <u>4/23/07</u> DAYTIME PHONE #: <u>850-231-7942</u>	