2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 11, 2007 8:00 am Secretary of State **DOCUMENT # L03000042359** 1. Entity Name 01-11-2007 90132 010 ****50.00 PILLAR DEVELOPMENT, LLC Principal Place of Business Mailing Address 1216 BOWMAN STREET 1216 BOWMAN STREET CLERMONT, FL 34711 CLERMONT, FL 34711 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-0359447 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OBRIG, ELWOOD M Street Address (P.O. Box Number is Not Acceptable) 700 ALMOND STREET CLERMONT, FL 34711 1216 Bowman Street 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME **BOUTROS, FOUAD** NAME STREET ADDRESS 1216 BOWMAN STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLERMONT, FL 34711 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BOUTROS, DIANE** NAME STREET ADDRESS 1216 BOWMAN STREET STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP MRG TITLE ☐ Delete ☐ Change ■ Addition TITLE BOUTROS, KEVIN NAME NAME STREET ADDRESS 1216 BOWMAN STREET STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BOUTROS, MICHAEL** NAME NAME STREET ADDRESS 1216 BOWMAN STREET STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP TITLE MRG Delete ☐ Change Addition TITLE DOUEIHI, CHARLES NAME NAME

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.

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: FORMULA IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1216 BOWMAN STREET

CLERMONT, FL 34711

☐ Addition

☐ Change

FILED