

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043661

FILED
Jan 15, 2007
Secretary of State

Entity Name: ANDANTE DEVELOPMENT, LLC

Current Principal Place of Business:

PMB 348, 755 GRAND BOULEVARD, SUITE B105
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

PMB 348, 755 GRAND BOULEVARD, SUITE B105
DESTIN, FL 32550

New Mailing Address:

FEI Number: 20-0386949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ
BURKE, BLUE & HUTCHISON, P.A.
215 GRAND BLVD, STE. 101
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCARTHY, PATRICK K
Address: 755 GRAND BLVD STE B105 PMB 348
City-St-Zip: DESTIN, FL 32550

Title: MGR () Delete
Name: SPRENKLE, JASON B
Address: 755 GRAND BLVD STE B105 PMB 348
City-St-Zip: DESTIN, FL 32550

Title: MGR () Delete
Name: GLOSSON, BRAD
Address: 4201 CONGRESS ST., STE. 240
City-St-Zip: CHARLOTTE, NC 28209

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON SPRENKLE

MGR

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date