


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000001633</b> 1. Entity Name <b>S&amp;T DEVELOPMENT, LLC</b>	
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Principal Place of Business <b>2021 S. ORANGE AVENUE ORLANDO, FL 32806 US</b>	Mailing Address <b>3814 SUNWARD DRIVE MERRITT ISLAND, FL 32953 US</b>
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02142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>08-4708467</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PHILIP L. LOGAS, P.A. 55 E. PINE STREET ORLANDO, FL 32801</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

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**

000000830676  
02/26/08-80092-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOURIE, TIENKA 3814 SUNWARD DRIVE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOURIE, JOHANNES F 3814 SUNWARD DR MERRITT ISLAND, FL 32953
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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:**



**TIENKA FOURIE**

**2-14-08**

**321-704-3690**

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

Date

Daytime Phone #