

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008335

Entity Name: FLORIDEV, LLC

FILED  
Feb 04, 2008  
Secretary of State

**Current Principal Place of Business:**

997 W. KENNEDY BLVD.,  
SUITE A25  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

997 W. KENNEDY BLVD.,  
SUITE A25  
ORLANDO, FL 32810

**New Mailing Address:**

FEI Number: 27-8442887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAVELLE, PATRICIA A  
997 W. KENNEDY BLVD.  
SUITE A25  
ORLANDO, FL 32810 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: LAVELLE, PATRICIA A  
Address: 997 W. KENNEDY BLVD. A25  
City-St-Zip: ORLANDO, FL 32810

Title: MGR ( ) Delete  
Name: KAPLAN, BERNARD  
Address: 997 W. KENNEDY BLVD, A25  
City-St-Zip: ORLANDO, FL 32810

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: BIEWEND, ANDRE  
Address: 997 W KENNEDY BLVD A25  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA LAVELLE

MGR

02/04/2008

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