

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000014823

1. Entity Name
DTR DEVELOPMENT, LLC



Principal Place of Business
2090 W. EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935

Mailing Address
2090 W. EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935



03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0802557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANDON, THOMAS R
2090 W. EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000687531
04/10/07-80043-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRANDON, THOMAS R
STREET ADDRESS	4326 DAVIDA DR
CITY - ST - ZIP	MELBOURNE, FL 32934
TITLE	MGRM
NAME	BEARD, DANIEL S
STREET ADDRESS	371 CRESTVIEW ST NE
CITY - ST - ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #