2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015721

1. Entity Name
MAY STREET DEVELOPERS, LLC



FILED Mar 27, 2007 08:00 AM Secretary of State

Principal Place of Business

2008 RIVERSIDE AVENUE

SUITE 300 JACKSONVILLE, FL 32204 Mailing Address

2008 RIVERSIDE AVENUE

SUITE 300

JACKSONVILLE, FL 32204



DO NOT WRITE IN THIS SPACE

03052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0874781

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DALE, HOWARD L 200 WEST FORSYTH STREET, SUITE 1100 JACKSONVILLE, FL 32202-4308

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or both	i, in the State of Florida. I am familiar with, and acc	tqe
SI	NATURE	· · · · · · · · · · · · · · · · · · ·		
	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

9.	9. MANAGING MEMBERS/MANAGERS	
IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULZBACHER, WILLIAM M 2008 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
44 I haraby postify that the information a policy with this files does not explify for the eye		

000000631028 04/04/07-80026-009 55.00

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 specifier or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LURAN MUCHDAS

3-19-07

904-634-1500

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