



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90119 016 ****50.00

DOCUMENT # L04000021790 1. Entity Name DELAND GARDENS DEVELOPMENT, LLC					
Principal Place of Business 300 SUNFLOWER CIRCLE DELAND, FL 32724				Mailing Address 300 SUNFLOWER CIRCLE DELAND, FL 32724	
2. Principal Place of Business - No P.O. Box # 1450 S.Woodland Blvd.		3. Mailing Address 1450 S.Woodland Blvd.			
Suite, Apt. #, etc. Suite 200A		Suite, Apt. #, etc. Suite 200A			
City & State DeLand, FL 32720		City & State DeLand, FL			
Zip 32720		Country Volusia		4. FEI Number 20-4678458	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		04182007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GILMORE, RICARDO L ESQ. 201 E. KENNEDY BLVD., SUITE 600 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Linda A. McDonnell</i></u> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELAND HOUSING DEVELOPERS, INC. 300 SUNFLOWER CIRCLE DELAND, FL 32724 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1450 S.Woodland Blvd, Suite 200A DeLand, FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Linda A. McDonnell</i></u> Linda A. McDonnell, 4-19-07 386-734-2564 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					