


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90020 044 ***138.75

DOCUMENT # L04000022805			
1. Entity Name DRIFTWOOD DEVELOPMENT, LLC			
Principal Place of Business 509 NORTH PATTERSON STREET VALDOSTA, GA 31601		Mailing Address 509 NORTH PATTERSON STREET VALDOSTA, GA 31601	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3324056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FANN, ELLIOTT W 235 W. GULF BEACH DRIVE ST. GEORGE ISLAND, FL 32328		Name <u>WILLIAM W. FANN</u> Street Address (P.O. Box Number is Not Acceptable) <u>235 W. GULF BEACH DRIVE</u> <u>ST. GEORGE ISLAND</u> City <u>ST. GEORGE ISLAND FL</u> Zip Code <u>32328</u>	

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 William W. Fann WILLIAM W. FANN REG AGT/MGM 4-17-08
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANN, WILLIAM W 509 NORTH PATTERSON ST. VALDOSTA, GA 31601 <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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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: William W. Fann WILLIAM W. FANN MGM 4-17-08 229.244.1458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #