

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90337 026 ****50.00

DOCUMENT # L04000032244

1. Entity Name
ETB DEVELOPMENT COMPANY, LLC



Principal Place of Business
**167 107TH AVE
TREASURE ISLAND, FL 33706**

Mailing Address
**PO BOX 66738
SAINT PETERSBURG, FL 33736**

40097575



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 9691

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Treasure Island, FL

4. FEI Number
20-1098797

Applied For
Not Applicable

Zip

Country

Zip

Country

33740

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRATH, ROBERT T
167 107TH AVE
TREASURE ISLAND, FL 33706**

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

Robert McGrath

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-07

**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
**MGR
MCGRATH DEVELOPMENT COMPANY
3202 S MARITANA DR
ST PETE BEACH, FL 33706**

TITLE
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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:

Robert McGrath

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

Date

Daytime Phone #

4-20-07