2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

Principal Place of Business Surface Surfac	DOCUMENT # L04000039807 1. Entity Name 16 DEVELOPMENT, LLC					04-25-2008 90021 022 ***138.75					
ACKSONVILLE, FL 32207	·					1					
Sulfo, Apt. #, otc. City & State											
Sulfo, Apt. #, otc. City & State											
City & State City	2. Principal Place of Business - No P.O. Box #					28 3 3 20 30					
The Above			Suite, Apt. #, etc.				CR2E083	· · ·			
S. Certificate of Status Gestred S. T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	City & State		City & State		1						
Name	Zip	Country Zip		Count	try						
STEET MONESS CITY-ST-2P TITLE NAME STREET MONES CIT		6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of New R	egistered Age	nt		
ACKSONVILLE, FL 32257 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 FILE NOWIII FEE IS \$138.75	SHEFFIEL	D, J. HOWARD ESQ.			 	vame					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Signat	6101 GAZEBO PARK PLACE N. SUITE 101				Street Address ((P.O. Box Numbe	er is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Signat					0.				7:- 01-		
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Signature, typed or printer name of ingotizened apport an it is applicable. Note			r the purpose of changing its	registere	ed office or registe	red agent, or bot	th, in the State of Flo	orida. I am fami	iliar with, a	and accept	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition Addition	SIGNATURE .	Signature, typed or printed name of registered agent :	and title if applicable. (NOT	E: Registered	d Agent signature require	d when reinstating)		DATE			
TITLE MAME THE ALTERRA GROUP, LLC 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 TITLE MAME STREET ADDRESS CITY-ST-2P			· T			1					
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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:

4/19/08

(904) 399-0134

Daytime Phone #