


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2008 90021 022 ***138.75

DOCUMENT # L04000039807

1. Entity Name
16 DEVELOPMENT, LLC



Principal Place of Business
**1914 ART MUSEUM DRIVE
 JACKSONVILLE, FL 32207**

Mailing Address
**1914 ART MUSEUM DRIVE
 JACKSONVILLE, FL 32207**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number
51-0519479

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEFFIELD, J. HOWARD ESQ.
 6101 GAZEBO PARK PLACE N. SUITE 101
 JACKSONVILLE, FL 32257**

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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE ALTERRA GROUP, LLC 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 <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: *M. Lewis Levi Pitts IV* **4/17/08** **(904) 399-0134**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #