

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90281 034 \*\*\*\*50.00

**DOCUMENT # L04000039864**

1. Entity Name  
**RESIDENTIAL DEVELOPMENT GROUP, LLC**



Principal Place of Business  
**2806 U.S. HIGHWAY 90 WEST, SUITE 101  
LAKE CITY, FL 32055**

Mailing Address  
**2806 U.S. HIGHWAY 90 WEST, SUITE 101  
LAKE CITY, FL 32055**

**20008017**



2. Principal Place of Business  
**2806 W US90**

3. Mailing Address  
**2806 W US90**

Suite, Apt. #, etc.  
**SUITE 101**

Suite, Apt. #, etc.  
**SUITE 101**

City & State  
**LAKE CITY FL**

City & State  
**LAKE CITY FL**

Zip  
**32055**

Zip  
**32055**

01292005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**34-2002346**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CRAPPS, DANIEL  
2806 U.S. HIGHWAY 90 WEST, SUITE 101  
LAKE CITY, FL 32055**

**2806 W US90  
SUITE 101**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mgr  
DANIEL CRAPPS  
2806 W US90 SUITE 101  
LAKE CITY FL 32055**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

**DANIEL CRAPPS 1/31/2005 386-755-5710**