2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044960

1. Entity Name

CLOVERLEAF DEVELOPMENT LLC

FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business

526 MAGNOLIA AVE DAYTONA BEACH, FL 32114 Mailing Address

1515 RIDGEWOOD AVE

DAYTONA BEACH, FL 32117



DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC

CR2E083 (12/07)

4. FE! Number 20-1244430

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

LOGUIDICE, JOE 1515 RIDGEWOOD AVE A

HOLLY HILL, FL 32117

DO	NOT	WRITE
IN	THIS	SPACE

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 Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATUR	Signature, typert or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE			
	LE NOW!!! FEE IS \$138.75 ay 1, 2008 Fee will be \$538.75					
9	MANAGING MEMBERS (MANAGERS			_		

MGR TITLE PURNER, JOHN 135 MARION ST STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

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 manager of the limited liability company or the receiver or manager of the limited liability company.

SIGNATURE:

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

Date

Daytime Phone #