

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061875

Entity Name: FLORIDA DEVELOPERS, LLC

FILED  
Apr 13, 2007  
Secretary of State

## Current Principal Place of Business:

5488 QUEENSHIP CT  
GREENACRES, FL 33463

## New Principal Place of Business:

1121 HOMESTEAD RD N #259  
LEHIGH ACRES, FL 33936

## Current Mailing Address:

5488 QUEENSHIP CT  
GREENACRES, FL 33463

## New Mailing Address:

1121 HOMESTEAD RD N #259  
LEHIGH ACRES, FL 33936

FEI Number: 20-1491623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VOCATURO, ANTHONY  
5488 QUEENSHIP CT  
GREENACRES, FL 33463 US

## Name and Address of New Registered Agent:

VOCATURO, ANTHONY  
1121 HOMESTEAD RD N #259  
LEHIGH ACRES, FL 33936 US

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.

SIGNATURE: ANTHONY VOCATURO

04/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: VOCATURO, ANTHONY  
Address: 5488 QUEENSHIP CT  
City-St-Zip: GREENACRES, FL 33463

Title: MGRM (X) Delete  
Name: ALFANO, JOSEPH  
Address: 13 ANSONIA PLACE  
City-St-Zip: FORDS, NJ 08863

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY VOCATURO

MGRM

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date