2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
01-26-2005 90066 001 ***150.00
01-26-2005 90066 002 ****50.00

DOCUMENT # L04000063270

1. Entity Name
GADSDEN DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
501 NORTH GRANDVIEW AVE., 3RD FLOOR DAYTONA BEACH, FL 32118	501 NORTH GRANDVIEW AVE., 3RD FLOOR DAYTONA BEACH, FL 32118

01242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2500 So. Nova Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Daytona Beach, FL	
Zip	Country	Zip: 32119	Country: USA

4. FEI Number: 86-1114150 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, DOUGLAS A
501 NORTH GRANDVIEW AVE., 3RD FLOOR
DAYTONA BEACH, FL 32118

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIELS, DOUGLAS A 501 NORTH GRANDVIEW AVE., 3RD FLOOR DAYTONA BEACH, FL 32118	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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] 1-24-05 386-761-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #