

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072365

1. Entity Name
580 YARDARM DEVELOPMENT COMPANY, LLC



Principal Place of Business
148 N. POLK STREET
SARASOTA, FL

Mailing Address
P.O. BOX 640
SARASOTA, FL 34230-0640

FILED
07 AUG 23 PM 1:49
CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box
18815 Conway Windermere Rd
Suite, Apt. #, etc. Suite 193

3. Mailing Address
18815 Conway Windermere Rd
Suite, Apt. #, etc. Suite 193

08172007 Chg-LLC CR2E083 (12/06)

City & State
Orlando FL
Zip 32835 Country US

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Orlando FL
Zip 32835 Country US

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name Brivik, Mark
Street Address (P.O. Box Number is Not Acceptable)
18815 Conway Windermere Rd
Suite 193
City Orlando FL Zip Code 32835

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 reconstituting)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BRIVIK, MARK
STREET ADDRESS PO BOX 640
CITY-ST-ZIP SARASOTA, FL 34230 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 18815 Conway Windermere Rd Ste 193
CITY-ST-ZIP Orlando FL 32835 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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

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

08/17/07

Date

Daytime Phone #