

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90310 008 ****50.00

DOCUMENT # L04000072392

1. Entity Name
GDP DEVELOPMENT, LLC



Principal Place of Business
1221 E. ROBINSON ST.
ORLANDO, FL 32801

Mailing Address
1221 E. ROBINSON ST.
ORLANDO, FL 32801

60048643



2. Principal Place of Business - No P.O. Box #
105 EAST SR 434
Suite, Apt. #, etc.

3. Mailing Address
105 EAST SR 434
Suite, Apt. #, etc.

04172007 Chg-LLC CR2E083 (12/06)

City & State
WINTER SPRINGS FL
Zip 32708 Country USA

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WINTER SPRINGS FL
Zip 32708 Country USA

4. FEI Number
20-1738967
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FONG, DAVID
1221 E. ROBINSON ST.
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

105 EAST SR 434

City WINTER SPRINGS FL Zip Code 32708

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FONG, DAVID
STREET ADDRESS 1221 E. ROBINSON ST.
CITY-ST-ZIP ORLANDO, FL 32801

TITLE MGRM ☐ Delete
NAME FONG, GEORGE
STREET ADDRESS 1221 E. ROBINSON ST.
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 105 EAST SR 434
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP WINTER SPRINGS FL 32708

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

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: DAVID FONG 4/23/07 407-706-1378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #