

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-29-2008 90063 016 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L04000080606			
1. Entity Name GROUND UP DEVELOPMENT, LLC			
Principal Place of Business 828 CROSS STREET DESTIN FL 32541		Mailing Address P.O. BOX 5709 DESTIN FL 32540	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1846916		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONGLETON, BRAD 50 UPTOWN GRAYTON CIRCLE #15 SANTA ROSA BEACH FL 32459		7. Name and Address of New Registered Agent Name: Kelly O'Shea Street Address (P.O. Box Number is Not Acceptable): 828 Cross Street City: Destin FL Zip Code: 32541	
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: Kelly O'Shea / Kelly O'Shea Managing Member 3/2/08 (Signature, typed or printed name of the person signing and the date) (NOTE: Registered agent's signature required if agent is new or changing) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State.			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCKINGHAM, MIKE 828 CROSS STREET DESTIN FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'SHEA, PHILLIP 828 CROSS STREET DESTIN FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'SHEA, KELLY 828 CROSS STREET DESTIN FL 32541 ☐ 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 exemptions contained in Section 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: Kelly O'Shea / Kelly O'Shea 3/2/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Enter a Page # Managing Member			