


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90126 004 \*\*\*\*50.00

<b>DOCUMENT # L04000082476</b> 1. Entity Name <b>HALCYON DEVELOPMENT, L.L.C.</b>					
Principal Place of Business <b>8665 WIDE RD. TALLAHASSEE, FL 32305</b>			Mailing Address <b>8665 WIDE RD. TALLAHASSEE, FL 32305</b>		
2. Principal Place of Business <b>3214 Earl Drive</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3214 Earl Drive</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Tallahassee, FL</b> <small>Zip Country</small> <b>32309</b>		City & State <b>Tallahassee, FL</b> <small>Zip Country</small> <b>32309</b>		4. FEI Number <b>20-2511089</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				03172005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>BIVINS, LETISHA D 8665 WIDE RD. TALLAHASSEE, FL 32305</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>3214 Earl Drive</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32309</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIVINS, LETISHA D 8665 WIDE RD. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 3214 Earl Drive Tallahassee, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, NATHANIEL 8661 WIDE RD. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Letisha D. Bivins</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3-18-05 (850) 345-7434</b> <small>Date Daytime Phone #</small>		