

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082476

Entity Name: HALCYON DEVELOPMENT, L.L.C.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

3214 EARL DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

4503 HIDDEN SHADOW DRIVE
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 16456
TALLAHASSEE, FL 32317

New Mailing Address:

4503 HIDDEN SHADOW DRIVE
TAMPA, FL 33614

FEI Number: 20-2511089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIVINS, LETISHA D
3214 EARL DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

BIVINS, LETISHA D
4503 HIDDEN SHADOW DRIVE
TAMPA, FL 33614 US

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.

SIGNATURE: LETISHA D. BIVINS

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BIVINS, LETISHA D
Address: 3214 EARL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: GRAHAM, NATHANIEL
Address: 8661 WIDE RD.
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIVINS, LETISHA D
Address: 4503 HIDDEN SHADOW DRIVE
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LETISHA D. BIVINS

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date