


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000085777</b> 1. Entity Name <b>ROYAL CAPRI DEVELOPMENT, LLC</b>	
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Principal Place of Business  
**1304 S DESOTO AVE  
200  
TAMPA, FL 33606 US**

Mailing Address  
**1304 S DESOTO AVE  
200  
TAMPA, FL 33606 US**



01192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1978078**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRANT, JAMES E  
1304 S DESOTO AVE  
200  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LANDMARK DESIGN AND BUILD, INC. 1304 S DESOTO AVE #200 TAMPA, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LD CONTRACTORS, INC 65 E 150 S VALPORAISO, IN 46383</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ABBY BUILDING CORP. 311 S MISSOURI CLEARWATER, FL 33756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000634990  
02/22/07-60034-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

01-26-07 941-460-9759

Date

Daytime Phone #