

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000014212

1. Entity Name
SCHALAMAR DEVELOPMENT GROUP, LLC



Principal Place of Business

**4500 HIGHWAY 92 EAST
SUITE #1030
LAKELAND, FL 33801**

Mailing Address

**4500 HIGHWAY 92 EAST
SUITE #1030
LAKELAND, FL 33801**



02072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|--|--------------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

**KNAPP, RANDALL L
4500 HIGHWAY 92 EAST
SUITE #1030
LAKELAND, FL 33801**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$938.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KNAPP, RANDALL L 4500 HIGHWAY 92 EAST, SUITE 1030 LAKELAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KNAPP, MERLYN V 4500 HIGHWAY 92 EAST, SUITE 1030 LAKELAND, FL 33801 |
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03/24/08-80003-007-138.75

**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]* **Member**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 2/26/08 863 665-0185