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

FILED
May 27, 2008 8:00 am
Secretary of State
05-27-2008 90373 005 ***138.75

DOCUMENT # L05000014521

1. Entity Name
MANATEE SPRINGS HARBOR DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
676 ALLIGATOR DRIVE ALLIGATOR POINT FL 32346	676 ALLIGATOR DRIVE ALLIGATOR POINT FL 32346

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3 Irvin Langston Rd	3 Irvin Langston Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville, Fl.	City & State: Crawfordville, Fl.
Zip: 32327 / Country: Wakulla	Zip: 32327 / Country: Wakulla

1st MOORE CR2E083 (10/07)

4. FEI Number 33-1114110 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMB, MARION D III
217 PINEWOOD DRIVE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	FLING, STEVE E		NAME	Fling, Steve E	
STREET ADDRESS	~~676 ALLIGATOR DRIVE~~		STREET ADDRESS	3 Irvin Langston Rd	
CITY-ST-ZIP	~~ALLIGATOR POINT FL 32346~~		CITY-ST-ZIP	Crawfordville, Fl. 32327	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 5/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #