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
676 ALLIGATOR DRIVE
ALLIGATOR POINT FL 32346

Mailing Address
676 ALLIGATOR DRIVE
ALLIGATOR POINT FL 32346

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #
3 Irvin Langston Rd
Suite, Apt. #, etc.

3. Mailing Address
3 Irvin Langston Rd.
Suite, Apt. #, etc.

City & State: Crawfordville, Fl.
Zip: 32327 Country: WAKULLA

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Zip: 32327 Country: WAKULLA

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's 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

TITLE	MGR ☐ Delete
NAME	FLING, STEVE E
STREET ADDRESS	~~676 ALLIGATOR DRIVE~~
CITY-ST-ZIP	~~ALLIGATOR POINT FL 32346~~
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	MGR ☑ Change ☐ Addition
NAME	Fling, Steve E
STREET ADDRESS	3 Irvin Langston Rd
CITY-ST-ZIP	Crawfordville, Fl. 32327
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 #