### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L05000018673

1. Entity Name

G2 DEVELOPMENT, L.L.C.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

2655 MCCORMICK DRIVE CLEARWATER, FL 33759

Mailing Address

2655 MCCORMICK DRIVE CLEARWATER, FL 33759



### DO NOT WRITE IN THIS SPACE

01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2504867

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEW, JOEL R ESQ 2655 MCCORMICK DRIVE CLEARWATER, FL 33759

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| 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                   |   |
|--|---|
| IIILE NAME STREET ADDRESS CITY-ST-ZIP          | MGR TEW, JOEL R 2655 MCCORMICK DRIVE CLEARWATER, FL 33759 |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000633277 02/21/07-80055-023 50.00

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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:

THUT THUT, AS O SCHOOLS, HE USE TWO YEAR YEAR OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/8/07

Daytime Phone #