

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025860

Entity Name: DRD DEVELOPMENT, LLC

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

1032 TAMIAMI TR  
UNIT 7  
PORT CHARLOTTE, FL 33953

## New Principal Place of Business:

989 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

## Current Mailing Address:

1032 TAMIAMI TR  
UNIT 7  
PORT CHARLOTTE, FL 33953

## New Mailing Address:

989 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

FEI Number: 20-2497140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKINLEY, MICHAEL R  
21175 OLEAN BLVD.  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

MCKINLEY, MICHAEL R  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: MICHAEL R. MCKINLEY

01/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DEGROSS, DEAN  
Address: 989 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGR ( ) Delete  
Name: BESHEARS, MARC  
Address: 1900 TILLERS TERRACE  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEAN DEGROSS

MGR

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date