

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90183 013 \*\*\*138.75

**DOCUMENT # L05000034625**

1. Entity Name  
**THE FLORIDA PROPERTY DEVELOPMENT GROUP  
L.L.C.**



Principal Place of Business  
**1700 VIA DE LUNA  
PENSACOLA BEACH, FL 32561 US**

Mailing Address  
**1700 VIA DE LUNA  
PENSACOLA BEACH, FL 32561 US**

00022284



04052008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-2651173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCKLEY, TERENCE L  
1702 VIA DE LUNA  
PENSACOLA BEACH, FL 32561**

Name **Cynthia Hall**

Street Address (P.O. Box Number is Not Acceptable)

**1700 Via de Luna**

City **Pensacola Beach**

**FL**

Zip Code **32561**

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 *Cynthia S. Hall* **Cynthia S. Hall, managing member** **4-9-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) 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  
NAME **BUCKLEY, TERENCE L**  
STREET ADDRESS **1702 VIA DE LUNA**  
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Buckley, Terence L.**  
STREET ADDRESS **1153 S. 8th St.**  
CITY-ST-ZIP **Philadelphia, PA 19147**

TITLE **MGRM** ☐ Delete  
NAME **PREVOZNIK, ERICK**  
STREET ADDRESS **2101 BAHAMA ST**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **HALL, CYNTHIA**  
STREET ADDRESS **1700 VIA DE LUNA**  
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4.5.08**

**215.463.1222**