

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000035186

**FILED**  
**Jan 25, 2008**  
**Secretary of State****Entity Name:** A & C DEVELOPMENT, LLC**Current Principal Place of Business:**150 2ND AVE N  
SUITE 1600  
ST. PETERSBURG, FL 33701**New Principal Place of Business:****Current Mailing Address:**150 2ND AVE N  
SUITE 1600  
ST. PETERSBURG, FL 33701**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DAVIS, CLIFF J  
288 BEACH DR #12B  
ST. PETERSBURG, FL 33701 US**Name and Address of New Registered Agent:**DAVIS, CLIFF J  
288 BEACH DR  
#12-B  
ST. PETERSBURG, FL 33701 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:

01/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** DAVIS, CLIFF J SR  
**Address:** 288 BEACH DR #12B  
**City-St-Zip:** ST. PETERSBURG, FL 33701**Title:** MGRM (X) Delete  
**Name:** GROW, ADAM SR  
**Address:** 13854 LAKE POINT DR.  
**City-St-Zip:** CLEARWATER, FL 33762**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: CLIFF DAVIS

MGRM

01/25/2008

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