# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000036209

1. Entity Name
MICHIANA DEVELOPMENT, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O THOMAS J. ELLWANGER<br>501 E KENNEDY BOULEVARD STE 1700<br>TAMPA, FL 33602 | C/O THOMAS J. ELLWANGER<br>501 E KENNEDY BOULEVARD STE 1700<br>TAMPA, FL 33602 |

## DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 20-2674811 | Not Applicable |

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

---

**6. Name and Address of Current Registered Agent**

ELLWANGER, THOMAS J
501 E KENNEDY BOULEVARD STE 1700
TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

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 |
|---|---|
| TITLE | MGR |
| NAME | ELLWANGER, THOMAS J |
| STREET ADDRESS | 501 E KENNEDY BLVD STE 1700 |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| 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 | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000595058
01/23/07--80024-008 50.00

## DO NOT WRITE IN THIS SPACE

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: _____  Thomas J. Ellwanger, mgr.  1/17/07   813-222-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE        Date        Daytime Phone #