

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90052 029 ***138.75

DOCUMENT # L05000036209 1. Entity Name MICHIANA DEVELOPMENT, LLC																																											
Principal Place of Business C/O THOMAS J. ELLWANGER 501 E KENNEDY BOULEVARD STE 1700 TAMPA, FL 33602		Mailing Address C/O THOMAS J. ELLWANGER 501 E KENNEDY BOULEVARD STE 1700 TAMPA, FL 33602																																									
2. Principal Place of Business - No P.O. Box # 5807 Old Pasco Road		3. Mailing Address 5807 Old Pasco Road																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																									
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL																																									
Zip 33544		Zip 33544																																									
Country USA		Country USA																																									
4. FEI Number 20-2674811		Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name LOUIS B. MENDELSON Street Address (P.O. Box Number is Not Acceptable) 5807 Old Pasco Road City Wesley Chapel FL Zip Code 33544																																									
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 LOUIS B. MENDELSON 1/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR ELLWANGER, THOMAS J 501 E KENNEDY BLVD STE 1700 TAMPA, FL 33602 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELLWANGER, THOMAS J 501 E KENNEDY BLVD STE 1700 TAMPA, FL 33602		<input checked="" type="checkbox"/> Delete																	10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR LOUIS B. MENDELSON 5807 Old Pasco Road Wesley Chapel, FL 33544 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOUIS B. MENDELSON 5807 Old Pasco Road Wesley Chapel, FL 33544		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																
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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: LOUIS B. MENDELSON 1/7/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																											