

01 Fl. Dept of St.

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90316 031 \*\*\*138.75

DOCUMENT # L05000040852 1. Entity Name AUSTIN DEVELOPMENT COMPANY, LLC	
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Principal Place of Business 1211 N WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607	Mailing Address 1211 N WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607
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30007056



**DO NOT WRITE IN THIS SPACE**

03262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-6177319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  AUSTIN, ALFRED S 1211 N WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607
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**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AUSTIN, ALFRED S 1211 N. WESTSHORE BLVD-STE 700 TAMPA, FL 33607
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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: Alfred S. Austin 5/20/08 813-289 3886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #