

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000041223

1. Entity Name
STORTS DEVELOPMENT GROUP, LLC



Principal Place of Business
**11816 NICKLAUS CIR.
 TAMPA, FL 33624**

Mailing Address
**11816 NICKLAUS CIR.
 TAMPA, FL 33624**



01242008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1916528	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STORTS, MARYBETH F
 11816 NICKLAUS CIR.
 TAMPA, FL 33624**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000810782
 02/08/08-80078-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STORTS, MARYBETH F 11816 NICKLAUS CIR. TAMPA, FL 33624
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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: *Marybeth F. Storts* **1-24-08 813-394-7560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #