

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044944

FILED
Apr 22, 2008
Secretary of State

Entity Name: ROYAL COAST OF SUWANNEE, LLC

Current Principal Place of Business:

7328 WEST UNIVERSITY AVE
SUITE G
GAINESVILLE, FL 32607 US

New Principal Place of Business:

2579 SW 87TH DRIVE
GAINESVILLE, FL 32607 US

Current Mailing Address:

7328 WEST UNIVERSITY AVE
SUITE G
GAINESVILLE, FL 32607 US

New Mailing Address:

2579 SW 87TH DRIVE
GAINESVILLE, FL 32607 US

FEI Number: 32-0148437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKMAN, JAMES J
20725 SW 46TH AVENUE
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHD DEVELOPMENT, LLC,
Address: 20725 SW 46TH AVENUE
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGRM () Delete
Name: HIDDEN COAST DEVELOP, MENT, LLC
Address: 552 SW MANATEE TERRACE
City-St-Zip: FORT WHITE, FL 32038 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHD DEVELOPMENT, LLC,
Address: 2579 SW 87TH DR
City-St-Zip: GAINESVILLE, FL 32607 US

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: SHD DEVELOPMENT, LLC

MGRM

04/22/2008

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