

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046796

FILED
Mar 12, 2007
Secretary of State

Entity Name: RESERVE DEVELOPERS, LLC

Current Principal Place of Business:

C/O PELICAN PROPERTIES OF SOUTH WALTON LLC
543 HARBOUR BLVD., SUITE 102
DESTIN, FL 32541

New Principal Place of Business:

C/O PELICAN PROPERTIES OF SOUTH WALTON LLC
42 BUSINESS CENTRE DRIVE - SUITE 106
DESTIN, FL 32550

Current Mailing Address:

C/O PELICAN PROPERTIES OF SOUTH WALTON LLC
543 HARBOUR BLVD., SUITE 102
DESTIN, FL 32541

New Mailing Address:

C/O PELICAN PROPERTIES OF SOUTH WALTON LLC
42 BUSINESS CENTRE DRIVE - SUITE 106
DESTIN, FL 32550

FEI Number: 20-2818041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, AMY A
4477 LEGENDARY DRIVE
202
DESTIN, FL 32541 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: PELICAN PROPERTIES O, F SOUTH WALTON , LLC
Address: 543 HARBOUR BLVD., SUITE 102
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PELICAN PROPERTIES O, F SOUTH WALTON , LLC
Address: 42 BUSINESS CENTRE DRIVE - SUITE 106
City-St-Zip: DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM H SMITH

MM

03/12/2007

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