2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 07, 2006 8:00 am
Secretary of State

03-23-2006 90267 023 ****50.00

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1. Entity Name
CORVUS DEVELOPMENT OF FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
1401 MANATEE AVENUE WEST, SUITE 510 BRADENTON, FL 34205	1401 MANATEE AVENUE WEST, SUITE 510 BRADENTON, FL 34205

2. Principal Place of Business		3. Mailing Address	
1401 Manatee Ave West		Same	
Suite, Apt. #, etc.: Suite 500		Suite, Apt. #, etc.	
City & State: Bradenton FL		City & State	
Zip: 34205	Country: USA	Zip	Country

4. FEI Number: 20-3318995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORTON, SAM D 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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)

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☑ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	VINING, C. TIMOTHY		NAME	VINING, C. TIMOTHY	
STREET ADDRESS	1401 MANATEE AVENUE WEST, SUITE 510		STREET ADDRESS	1401 Manatee Ave West Suite 500	
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP	Bradenton FL 34205	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 3-14-06 (941) 708-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #