

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059728

FILED
Apr 29, 2008
Secretary of State

Entity Name: STEEPLECHASE DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

3030 HARTLEY ROAD, #140
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3030 HARTLEY ROAD, #140
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
SUITE 101
TALLAHASSEE, FL 323012960 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: MGR () Delete
Name: VANTAGE POINT RE, IN, C.
Address: 3030 HARTLEY ROAD, #140
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: JOHN HIGGINBOTTOM, P, A
Address: 5691 CROSSWINDS COURT
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR () Delete
Name: TRENDS WEST, IN.,
Address: 4830 RUSINA ROAD
City-St-Zip: COLORADO SPRINGS, FL 80907

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOWARD FLEMING

MGR

04/29/2008

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