

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

06-27-2008 90057 011 \*\*\*143.75

**DOCUMENT # L05000062875**

1. Entity Name  
**CAIRO DEVELOPMENT, LLC**



Principal Place of Business  
**9908 TURTLE DOVE WAY  
TALLAHASSEE, FL 32312**

Mailing Address  
~~**9908 TURTLE DOVE WAY  
TALLAHASSEE, FL 32312**~~

**50007660**



2. Principal Place of Business - No P.O. Box #  
**2013 Garrison Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2013 Garrison Ave.**  
Suite, Apt. #, etc.

06242008 Chg-LLC CR2E083 (12/06)

City & State  
**Port St. Joe, FL**  
Zip  
**32456** Country  
**USA**

City & State  
**Port St. Joe, FL**  
Zip  
**32456** Country  
**USA**

4. FEI Number  
**20-4011519** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~**KUNTZ, RALPH T**~~  
~~**9908 TURTLE DOVE WAY**~~  
~~**TALLAHASSEE, FL 32312**~~ *Delete*

7. Name and Address of New Registered Agent

Name  
**Tommy R. Lake**  
Street Address (P.O. Box Number is Not Acceptable)

**2013 Garrison Ave**  
City  
**Port St. Joe** **FL** Zip Code  
**32456**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**6/24/08**  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**LAKE, TOMMY R**  
**10049 NEAMATHLA TRAIL**  
**TALLAHASSEE, FL 32312** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~**MGR**~~  
~~**KUNTZ, RALPH T**~~  
~~**9908 TURTLE DOVE WAY**~~  
~~**TALLAHASSEE, FL 32312**~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**6/24/08**  
DATE

Daytime Phone #