


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # L05000070649</b><br>1. Entity Name<br>LAKELAND DOWNTOWN DEVELOPMENT, LLC |  |
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|  |   |
|--|---|
| Principal Place of Business<br>302 S. MASSACHUSETTS AVE., #223<br>LAKELAND, FL 33801 | Mailing Address<br>PO BOX 2955<br>LAKELAND, FL 33806-2955 |
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**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-LLC

CR2E083 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>NOT APPLICABLE                           | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>HENDERSON, DAVID D<br>302 S. MASSACHUSETTS AVE., #223<br>LAKELAND, FL 33801 |
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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|---|---|
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b> | U000000622714<br>02/13/07-80036-025 50.00 |
|---|---|

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HENDERSON, DAVID D<br>PO BOX 2955<br>LAKELAND, FL 338062955 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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:** *David D. Henderson* **2/1/07 (863) 682-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #