2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075915

Address:

City-St-Zip:

PO BOX 1885

SANFORD, FL 32772

Entity Name: LST DEVELOPMENT, LLC

FILED Apr 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 5209 2595 UPPER PARK ROAD SANFORD, FL 32772 ORLANDO, FL 32814 US **Current Mailing Address: New Mailing Address:** 2595 UPPER PARK ROAD PO BOX 5209 SANFORD, FL 32772 US ORLANDO, FL 32814 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPKO, ROBERT J ESQUIRE 145 EAST WILBUR AVENUE LAKE MARY, FL 32746 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: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition TROMBETTI, NATE Name: Name: Address: PO BOX 5209 Address: City-St-Zip: SANFORD, FL 32772 City-St-Zip: Title: MGRM Title: () Change () Addition () Delete Name: LINN, CHAD Name: Address: PO BOX 140024 Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SHOEMAKER CONSTRUCTI, ON CO., INC. Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHAD LINN MGMR 04/06/2007