

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90117 046 ****50.00

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| DOCUMENT # L05000078952 | |
| 1. Entity Name SAVANNAH DEVELOPMENT COMPANY, LLC | |



00001000

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| Principal Place of Business THE CHANCELLOR CENTRE 12008 SOUTH SHORE BLVD. SUITE 107 WELLINGTON, FL 33414 US | Mailing Address THE CHANCELLOR CENTRE 12008 SOUTH SHORE BLVD. SUITE 107 WELLINGTON, FL 33414 US |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

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| 6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 US HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408 |
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| 7. Name and Address of New Registered Agent | |
| Name | Robert C. Hackney, Esq. |
| Street Address (P.O. Box Number is Not Acceptable) | Moyle, Flanigan et al. 625 N. Flagler Dr. - 9th Floor |
| City | West Palm Bch |
| State | FL |
| Zip Code | 33401 |

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 Robert C. Hackney DATE 3/27/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOYD, ALBERT 990 STINSON WAY SUITE 201 WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12008 South Shore Blvd Ste 107 Wellington, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Robert C. Hackney DATE 3/27/07 DAYTIME PHONE # 561-776-8600