

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080301

FILED
Apr 30, 2007
Secretary of State

Entity Name: ACQUISITIONS AND DEVELOPMENT, LLC

Current Principal Place of Business:

16 FERRY RD SE
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

14 FLOUNDER ST
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

16 FERRY RD SE
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

P.O. BOX 160
FORT WALTON BEACH, FL 32549 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFUZE, RICHARD A
7100 KNOLLWOOD DRIVE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

LAFUZE, RICHARD A
14 FLOUNDER ST
SANTA ROSA BEACH, FL 32459 US

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: RICHARD A LAFUZE

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAFUZE, RICHARD A
Address: 7100 KNOLLWOOD DRIVE
City-St-Zip: NAVARRE, FL 32566 US

Title: MGRM (X) Delete
Name: LAFUZE, CHERYLE
Address: 7100 KNOLLWOOD DRIVE
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAFUZE, RICHARD A
Address: P.O. BOX 160
City-St-Zip: FORT WALTON BEACH, FL 32549 US

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: RICHARD A LAFUZE

MGRM

04/30/2007

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