## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000082716**

1. Entity Name

PAYTAS DEVELOPMENT, L.L.C.



Principal Place of Business

1105 S. U.S. 1 , SUITE 106 BUNNELL, FL 32110 Mailing Address

1105 S. U.S. 1 , SUITE 106 BUNNELL, FL 32110

## FILED Feb 14, 2007 8:00 am Secretary of State

02-14-2007 90219 016 \*\*\*\*50.00



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02072007No Chg-LLC

CR2E083 (11/05)

904 545-5

Daytime Phone #

| 4. FEI Number               |        | Applied For                       |
|-----------------------------|--------|-----------------------------------|
| 16-1735944                  |        | Not Applicable                    |
| 5. Certificate of Status De | esired | \$5.00 Additional<br>Fee Required |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONNER, TIMOTHY J 2 JUNGLE HUT ROAD, STE., 1 PALM COAST, FL 32137

SIGNATURE: \_

DO NOT WRITE 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_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature, typed or printed name of registered agent and title if applicable.    | (NOTE: Registered Agent signature required when renistating) DATE |  |  |
| Filling Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                   |  |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MANAGING MEMBERS/MANAGERS                                                        |                                                                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>PAYTAS, WAYNE<br>1960 U.S. 1 SOUTH, SUITE 352<br>ST. AUGUSTINE, FL 32086 |                                                                   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                   |  |  |
| TITLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | DO NOT WRITE                                                      |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  | in this space                                                     |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _                                                                                |                                                                   |  |  |
| 11. I hereby certify that the information supplied with this ling 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 true and proposed to execute this report as required by Chapter 608, Florida Statutes. |                                                                                  |                                                                   |  |  |

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE