



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000084882							
1. Entity Name L.R. FALLS DEVELOPMENT, LLC							
Principal Place of Business 25352 WESLEY CHAPEL BLVD. LUTZ, FL 33559			Mailing Address 25352 WESLEY CHAPEL BLVD. LUTZ, FL 33559				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-3393741			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LANIGAN, DAVID C JD, LLM C/O DAVID LANIGAN, P.A. 10927 NORTH 56TH STREET TAMPA, FL 33617-3000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALLS, LAWRENCE R 25352 WESLEY CHAPEL BLVD. LUTZ, FL 33559	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000751488 05/18/07-80104-016 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COZZO, NICOLI 6129 OLD PASCO ROAD WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEBEL, JERRY 27748 SORA BLVD WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		4/25/07		813/973 4425			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>			