Amended

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-11-2007 90194 017 ****50.00
L05000105647

FILED

2007 JUN 30 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04302007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000105647

1. Entity Name
DADE STREET DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
9428 BAYMEADOWS ROAD SUITE 120 JACKSONVILLE, FL 32256	PO BOX 706 FERNANDINA BEACH, FL 32035

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6215 Wilson Blvd.	P.O. Box 7779
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32210 Country: Duval	Zip: 32238 Country: Duval

4. FEI Number: NOT APPLICABLE 16-1738435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRANIE, CHRISTOPHER J
9428 BAYMEADOWS ROAD
120
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name: Towers, Elizabeth F.
Street Address (P.O. Box Number is Not Acceptable): 6215 Wilson Blvd.
City: Jacksonville, FL Zip Code: 32210

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: Elizabeth F. Towers, Elizabeth F. Towers 4-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOCK, WILLIAM J 9428 BAYMEADOWS ROAD, SUITE 120 JACKSONVILLE, FL 32256	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager TWT Development Corporation 6215 Wilson Blvd. Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Elizabeth F. Towers, Elizabeth F. Towers 4-30-07 904-778-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #