


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

04-19-2007 90029 026 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/1

DOCUMENT # L05000107086 1. Entity Name 2400 MANAGEMENT, LLC	
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Principal Place of Business
5111 RIDGEWOOD AVENUE, SUITE 300
PORT ORANGE, FL 32127

Mailing Address
P.O. BOX 238071
PORT ORANGE, FL 32123

30006678



01222007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4507317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, D. ANDREW
5111 RIDGEWOOD AVENUE, SUITE 300
PORT ORANGE, FL 32127

**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 re-appointing)

4/11/07

DATE

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

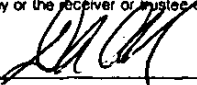
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CLARK, D. ANDREW 5111 RIDGEWOOD AVENUE, SUITE 300 PORT ORANGE, FL 32127
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**DO NOT WRITE
IN THIS SPACE**

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/07

DATE

Daytime Phone #