


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90319 022 \*\*\*138.75

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<b>DOCUMENT # L05000115607</b> 1. Entity Name INDIANTOWN DEVELOPMENT, LLC					
Principal Place of Business 1000 NW 17TH AVENUE DELRAY BEACH, FL 33445 US			Mailing Address 1000 NW 17TH AVENUE DELRAY BEACH, FL 33445 US		
2. Principal Place of Business - No P.O. Box # 6420 Congress Avenue Suite, Apt. #, etc. 2000 City & State Boca Raton, FL Zip 33487 Country USA		3. Mailing Address 6420 Congress Avenue Suite, Apt. #, etc. 2000 City & State Boca Raton, FL Zip 33487 Country USA		04142008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-3884330		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  BENDER, GARRETT M 1000 NW 17TH AVENUE DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name <u>Bender, Garrett</u> Street Address (P.O. Box Number is Not Acceptable) <u>6420 Congress Avenue, Suite 2000</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33487</u>		
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 <u>[Signature]</u> <u>GARRETT BENDER</u> <u>04/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ASCOT INDIANTOWN, LLC. 1000 NW 17TH AVE. DELRAY BEACH, FL 33445		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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 <u>[Signature]</u> <u>GARRETT BENDER</u> <u>4/17/08</u> <u>561-495-7554</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					