

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120872

Entity Name: THETA DEVELOPMENT, L.L.C.

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

780 94TH AVE., NORTH, STE. 102
ST PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

780 94TH AVE., NORTH, STE. 102
ST PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 20-3889478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVASOS, KEVIN
780 94TH AVE., NORTH, STE. 102
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOOD, ANDREW P
Address: 780 94TH AVE., NORTH, STE. 102
City-St-Zip: ST PETERSBURG, FL 33702

Title: MGRM () Delete
Name: GRABOWSKI, DANIEL
Address: 780 94TH AVE., NORTH, STE. 102
City-St-Zip: ST PETERSBURG, FL 33702

Title: MGRM () Delete
Name: CAVASOS, KEVIN
Address: 780 94TH AVE., NORTH, STE. 102
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN CAVASOS

VP

01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date