2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000004233

1. Entity Name
GEOMARK DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
606 SE 1ST AVE	606 SE 1ST AVE
OCALA, FL 34471 US	OCALA, FL 34471 US

DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4091258	Not Applicable

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

6. Name and Address of Current Registered Agent

DEBOLT, MARK C
606 SE 1ST AVE
OCALA, FL 34471

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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 reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DEBOLT, MARK C
STREET ADDRESS	606 SE 1ST AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	CARRASCO, GEORGE JR.
STREET ADDRESS	2145 SE 5TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/08-00022-016 138.75

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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: _____   1/9/08   352690/888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #