

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009673

FILED  
Apr 02, 2007  
Secretary of State

**Entity Name:** TECREATION DEVELOPMENT, LLC

**Current Principal Place of Business:**

3042 HOFFNER AVENUE  
ORLANDO, FL 32812

**New Principal Place of Business:**

3042 HOFFNER AVENUE  
ORLANDO, FL 328121062

**Current Mailing Address:**

3042 HOFFNER AVENUE  
ORLANDO, FL 32812

**New Mailing Address:**

3042 HOFFNER AVE.  
ORLANDO, FL 328121062

**FEI Number:** 20-4351127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R JR, ESQ  
SHUFFIELDLOWMAN  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

WOODS, DAVID W  
3042 HOFFNER AVE.  
ORLANDO, FL 328121062 US

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: DAVID W WOODS

04/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOODS, DAVID W  
Address: 3042 HOFFNER AVENUE  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WOODS, DAVID W  
Address: 3042 HOFFNER AVENUE  
City-St-Zip: ORLANDO, FL 328121062

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: DAVID W WOODS

MGR

04/02/2007

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