


**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

60041060

<b>DOCUMENT # L06000015449</b>				05-15-2008 90074 023 ***138.75	
1. Entity Name ANCILLARY REVENUE DEVELOPMENT, LLC					
Principal Place of Business 247 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714		Mailing Address 247 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4371780	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTOLO, W. TERRY ESQUIRE GRAYROBINSON, P.A. 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME MGRM MCPIERANNA, ROBERT M STREET ADDRESS 247 N WESTMONTE DR CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32714			TITLE NAME MGRM Picerne, Robert M STREET ADDRESS 247 N Westmonte Drive CITY- ST- ZIP Altamonte Springs, FL 32714		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change 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: _____		Jan Heflinger		04/25/08 (407) 772-0200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	