2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2007 8:00 am Secretary of State

					secretary of State
DOCUMENT # L06000025357 1. Entity Name LAMB DEVELOPMENT, LLC					01-17-2007 90007 048 ****50.00
Principal Place of 201 E. KENNED TAMPA, FL 336	Y BLVD., SUITE 1111	Mailing Address 201 E. KENNEDY BLVD TAMPA, FL 33602	., SUITE 1111		
2. Principal Place	e of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032007 Chg-LLC CR2E083 (12/06)
City & State		City & State			4. FEI Number Applied For Not Applied Sor
Zip	Country	Zip	Country		5. Certificate of Status Desired Serviced Servic
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
SHOON EDV	ANK C		Name		
SILCOX, FRANK C 201 E. KENNEDY BLVD., SUITE 1111 TAMPA, FL 33602		,	Street	Address (F	(P.O. Box Number is Not Acceptable)
·	- · · · · · · · · · · · · · · · · · · ·				
			City		FL Zip Code
	med entity submits this statement for s of registered agent.	the purpose of changing its	registered office	or registere	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	nature, typed or printed name of registered agent a	nd title il applicable. (NOTE	Registered Agent sig	nature required	d when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS TO LANGE
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	MG	ADDITIONS/CHANGES
			NAME STREET ADDRES CITY-ST-ZIP	Frai 201 Tar	ADDITIONS/CHANGES TRM C.Silcox Divd., Stelling Maddition TE. Kennedy Blvd., Stelling Mpa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRES	Frau 201 Tar Me Vir 501	Change MAddition I. K. Silcox I. E. Kennedy Blvd., Ste IIII Mpa, FL 33602 FRM Change MAddition nce Pennino Blvd., Ste 200 I. W. Kennedy Blvd., Ste 200
NAME STREET ADDRESS			NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	Frag 201 Tar Me Vir 501 Tar	Change MAddition I. K. Silcox I. E. Kennedy Blvd., Ste IIII Mpa, FL 33602 FRM Change MAddition nce Pennino Blvd., Ste 200 I. W. Kennedy Blvd., Ste 200
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Celete	NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES	Tar Me Vir 501 Tar	TRM nK C. Silcox I E. Kennedy Blvd., Ste IIII mpa, FL 33602 FRM nce Pennino Blvd., Ste 200 io W. Kennedy Blvd., Ste 200 mpa, FL 33609
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Delete	NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES	Tar Me Vir Soli Tar	TRM C.Silcox Blvd., Ste IIII MPa, FL 33602 FRM Change Maddition MPa, FL 33602 Change Maddition MRM Change Maddition MRM Change Maddition MRM Change Maddition Change Maddition Change Maddition Change Maddition Change Maddition

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 truetee empowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Frank C. Silcox 1-11-07 813 209-000 4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Designer Proces