

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049263

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: TOP HAT DEVELOPMENT, LLC

**Current Principal Place of Business:**

2411 FLEISCHMANN RD.  
TALLHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

2411 FLEISCHMANN RD.  
TALLHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 06-1779954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROLLE, KATRINA D  
LAW OFFICE OF KATRINA D. ROLLE, PLLC  
215 DELTA COURT  
TALLAHASSEE, FL 32303 US

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

MILLER, MORRIS H  
2411 FLEISCHMANN ROAD  
TALLAHASSEE, FL 32308 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: MORRIS H MILLER

04/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PANIUCKI, KEITH E  
Address: 3714 SWALLOWTAIL TRACE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR ( ) Delete  
Name: MILLER, MORRIS H  
Address: 2411 FLEISCHMANN RD.  
City-St-Zip: TALLHASSEE, FL 32303

**ADDITIONS/CHANGES:**

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: MORRIS H MILLER

MGR

04/02/2007

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