

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051989

FILED
May 20, 2008
Secretary of State

Entity Name: LEVY BAY DEVELOPMENT, LLC

Current Principal Place of Business:

12 JER-BE-LOU BLVD.
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

PO BOX 1390
PANACEA, FL 32346

New Mailing Address:

FEI Number: 26-2944910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRIS, H. CLAY III
12 JER-BE-LOU BLVD.
PANACEA, FL 32346 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRIS, H. CLAY III
Address: 12 JER-BE-LOU BLVD
City-St-Zip: PANACEA, FL 32346

Title: MGRM () Delete
Name: DICKSON, WALTER B
Address: 12 JER-BE-LOU BLVD.
City-St-Zip: PANACEA, FL 32346

Title: MGRM () Delete
Name: DICKSON, W. BRENT
Address: 12 JER-BE-LOU BLVD.
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: H. CLAY HARRIS III

MGRM

05/20/2008

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