

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 013 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000052084

1. Entity Name
RDC DEVELOPMENT GROUP LLC



Principal Place of Business
481 N HWY US1
ORMOND BEACH, FL 32174

Mailing Address
481 N HWY US1
ORMOND BEACH, FL 32174

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

1444 N. US 1

Suite, Apt. #, etc.

1444 N. US 1

City & State

ORMOND BEACH FL.

City & State

ORMOND BEACH FL.

Zip

32174

Country

Zip

32174

Country

02252007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-492 4797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZER, ROBERT D
2090 S NOVA RD
SUITE AA05
DAYTONA BEACH, FL 32119

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Makes check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CHENEY, JOHN F
5773 FALLING TREE LN
PORT ORANGE, FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
DREWERY, ARTHUR P
5964 TRAILWOOD PL
PORT ORANGE, FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ROBERTS, GARY L
8 REMINGTON RD
ORMOND BEACH, FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY- ST- ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

13-2-07

Date

386-615-3280

Daytime Phone #