


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90155 016 ****55.00

DOCUMENT # L06000053420 1. Entity Name STEVENSON DEVELOPMENT COMPANY, LLC					
Principal Place of Business 3742 SEAGRAPE STREET BIG PINE KEY, FL 33043			Mailing Address 3742 SEAGRAPE STREET BIG PINE KEY, FL 33043		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GREENMAN, FRANKLIN D ESQ. GULFSIDE VILLAGE, SUITE 40 5800 OVERSEAS HIGHWAY MARATHON, FL 33050				7. Name and Address of New Registered Agent Name: <u>Michael Stevenson</u> Street Address (P.O. Box Number is Not Acceptable): <u>3742 Seagrape St.</u> <u>Big Pine Key</u> City: <u>Big Pine Key</u> FL Zip Code: <u>33043</u>	
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: <u>M. H. Stevenson</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <u>1-15-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEVENSON, MICHAEL K 3742 SEAGRAPE STREET BIG PINE KEY, FL 33043		<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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: <u>M. H. Stevenson</u> <u>M.K. Stevenson</u> <u>1-15-07</u> <u>305-515-0131</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2033501 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required