


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90026 005 \*\*\*\*50.00

<b>DOCUMENT # L06000057055</b>					
<b>1. Entity Name</b> CONDEV HOMES OF FLAGLER, LLC					
<b>Principal Place of Business</b> 2479 ALOMA AVENUE WINTER PARK, FL 32792			<b>Mailing Address</b> 2479 ALOMA AVENUE WINTER PARK, FL 32792		
<b>2. Principal Place of Business - No P.O. Box #</b> 400 W. Morse Blvd		<b>3. Mailing Address</b> PO Box 1748			
Suite, Apt. #, etc. Ste 101		Suite, Apt. #, etc.			
<b>City &amp; State</b> Winter Park, FL		<b>City &amp; State</b> Winter Park, FL			
<b>Zip</b> 32789		<b>Country</b>		<b>Zip</b> 32790	
<b>Country</b>		<b>4. FEI Number</b> 20-4989261			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MCMULLEN, JACK K 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Mgr Andrew M. Gardner 400 W. Morse Blvd, Ste 101 Winter Park, FL 32789		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Mgr Christopher J. Gardner 400 W. Morse Blvd, Ste 101 Winter Park, FL 32789		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Mgr Condev Holdings LLC 400 W. Morse Blvd, Ste 101 Winter Park, FL 32789		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> Andrew Gardner <i>Andrew M. Gardner 4/19/07</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					