

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076976

Entity Name: E.K.C. DEVELOPMENT , LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

75150 HARVESTER STREET
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

75150 HARVESTER STREET
YULEE, FL 32097 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

CRUMP, KEVIN
75150 HARVESTER STREET
YULEE, FL 32097 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: CRUMP, KEVIN
Address: 75150 HARVESTER STREET
City-St-Zip: YULEE, FL 32097 US

Title: MGR () Delete
Name: CLAXTON, EDWARD
Address: 1029 BARNWELL DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGR () Delete
Name: SPENCE, CHRISTOPHER
Address: 4662 TITLEIST DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: CHRIS SPENCE

MGMR

05/01/2007

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