

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099886

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: GROUND LEVEL DEVELOPERS, LLC

**Current Principal Place of Business:**

3300 OBERLIN AVENUE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

3300 OBERLIN AVENUE  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 20-5739191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, BRET  
700 ALMOND STREET  
CLERMONT, FL 34711 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: MGRM ( ) Delete  
Name: BOWMAN, MATTHEW  
Address: 3300 OBERLIN AVENUE  
City-St-Zip: ORLANDO, FL 32804

Title: MGRM ( ) Delete  
Name: JOHNSON, ERIC  
Address: 1006 N K STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM ( ) Delete  
Name: LOUGHLIN, CODY  
Address: 3000 S. OCEAN DRIVE #722  
City-St-Zip: HOLLYWOOD, FL 33019

**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: MATTHEW BOWMAN

MGRM

04/30/2007

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