**FILED** 00 AN ate

20	ANNUAL	REPORT	<b>5</b>	Mag	y 01, 2008 08:0
1. Entity Name	MENT # L060001027 LOPMENT, LLC	719			Secretary of Sta
	a of Business ESTON STREET PARK, FL 34201	Mailing Address 7723 CHARLESTON STREET UNIVERSITY PARK, FL 34201			
				04282008 No Chg-LLC	CR2E083 (12/07)
, <b>D</b>	O NOT WRITE	IN THIS SPA	CE ·	4. FEI Number 20-5752053 5. Certificate of Status Desired	Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		1 1 2 3 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1	,
ROSENBERG, DAVID H ESQ. 8130 LAKEWOOD MAIN STREET SECOND FLOOR, SUITE 208 BRADENTON, FL 34202			ar-	DO NOT W IN THIS SP	
	named entity submits this statement for ions of registered agent.  Signature typed or printed name of registered agent a		red office or registered of a square requirement of the square require	nd when renstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			000000936373 05/27/08-80008-005 138.75		
9.	MANAGING MEMBER	RS/MANAGERS			•
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	MGRM YEOMANS, MIKE 7723 CHARLESTON STREET UNIVERSITY PARK, FL 34201				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					41
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SE	PACE
TITLE NAME STREET ADDRESS					

11. Thereby certify that the information supplied with this filling 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 custee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.29.08 Date (941) 374. 9481 Daylime Phone #