

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008215

FILED
Apr 30, 2008
Secretary of State

Entity Name: GIFFORD DEVELOPING, LLC

Current Principal Place of Business:

282 LAKE MIRIAM DR.
STE E4
LAKELAND, FL 33813

New Principal Place of Business:

3004 US HIGHWAY 98 NORTH
LAKELAND, FL 33805

Current Mailing Address:

282 LAKE MIRIAM DR.
STE E4
LAKELAND, FL 33813

New Mailing Address:

3004 US HIGHWAY 98 NORTH
LAKELAND, FL 33805

FEI Number: 20-3804398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIFFORD, RONALD
282 LAKE MIRIAM DR
STE E4
LAKELAND, FL 33813 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: GIFFORD, RONALD
Address: 282 LAKE MIRIAM DR. STE E4
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: GIFFORD, RICHARD
Address: 282 LAKE MIRIAM DR. STE E4
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIFFORD, RONALD
Address: 3004 US HIGHWAY 98 NORTH
City-St-Zip: LAKELAND, FL 33805

Title: MGRM (X) Change () Addition
Name: GIFFORD, RICHARD
Address: 3004 US HIGHWAY 98 NORTH
City-St-Zip: LAKELAND, FL 33805

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: RICHARD GIFFORD

MGRM

04/30/2008

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