2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# L07000055187

Entity Name: STEEN DEVELOPMENT, LLC

Current Principal Place of Business:

2370 WOODLAWN CIRCLE EAST
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

C/O MAYNARD, MCLEOD & LANG, P.A.
669 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701

New Mailing Address:

C/O BAYNARD, MCLEOD & LANG, P.A.
669 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701

FEI Number: 26-0297625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

STEEN, TRACI C
669 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 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: STEEN, TRACI C
Address: 2370 WOODLAWN CIRCLE EAST
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM ( ) Delete
Name: STEEN, TERRY W
Address: 2370 WOODLAWN CIRCLE EAST
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

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: TRACI C. STEEN MGRM 07/25/2008

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