## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 15, 2008 8:00 am Secretary of State 03-12-2008 90238 031 \*\*\*138.75

DOCUI 1. Entity Nam NFD DEV	10	# L07000057 RS, LLC	586	_					
Principal Plac 212 SE MILL LAKE CITY, F	CREEK COL	JRT	Mailing Address POST OFFICE BOX 2166 LAKE CITY, FL 32056 US			- Lorenzeus	M 68m 1881 88M 68M 68M	003904	ijad i M+ 184)
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03102008	Chg-LLC	CR2E083 (12/06)	
City & State			City & State			4. FEI Numb	0°390084		oplied For or Applicable
Zip		Country	Zip	Coun	ntry	<u> </u>	e of Status Desired	S5.00 Add	
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New F	Registered Agent	<del></del>
O'NEAL, J 212 SE MI LAKE CIT	LL CREE		Street Addres		Street Address (	(P.O. Box Num	ber is Not Acceptable	9)	
			City				FL Zip Cod	θ	
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable (NOTE: Registered Agent signature required when reinstalling)  DATE									
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								e check payable to a Department of Stat	•
9.		MANAGING MEMBE	S/MANAGERS 10.				ADDITIONS	/CHANGES	
TITLE	MGRM O'NEAL,	IOUNIW.	Oelete	JITLI	•			☐ Change	☐ Addition
SIREET ADDRESS CITY-ST-ZIP	212 SE M	MILL CREEK COURT TY, FL 32025			ET ADORESS -S1-ZIP				
INTE			☐ Delete	TITL				Change	Addition
STREET ADDRESS CITY-ST-ZIP					E Et adoress - S1-ZIP				
TITLE		<u> </u>	☐ Delete	inu				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EF ADDRESS -S1-ZIP_:		_		
TITLE			☐ Dedete	IIILI		····	<del></del>	☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	E Et aodress				
C11Y-51-Z1P					-ST-ZP				i
TITLE			☐ Dainte	TITLE	1			☐ Change	Addition
NAME STREET ADDRESS	1			NAM STRE	ET ADDRESS				ļ
CHY-SI-ZIP	<u> </u>				-SI-ZIP -				
NAME			iii Oalata	TITLI NAM				☐ Changë	Addition
STREET ADDRESS	-	-		. STRE	ET ADDRESS				
CITY-ST-ZP  11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119. Floride 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									
fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: John W. O'Neal 3/10/08 (386)752-7578									