


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90022 027 ***138.75

DOCUMENT # L07000059292	
1. Entity Name L. COBB DEVELOPMENT, LLC	

Principal Place of Business 1015 BRIARWOOD DRIVE WAUCHULA, FL 33873 US	Mailing Address 1015 BRIARWOOD DRIVE WAUCHULA, FL 33873 US
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60028298



2. Principal Place of Business - No P.O. Box # 401 S. Sixth Avenue Suite, Apt. #, etc. Wauchula, FL City & State	3. Mailing Address 401 S. Sixth Avenue Suite, Apt. #, etc. Wauchula, FL City & State
Zip 33873	Country USA

04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0307972	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COBB, LAVON 1015 BRIARWOOD DRIVE WAUCHULA, FL 33873	7. Name and Address of New Registered Agent Name Lavon Cobb (Same) Street Address (P.O. Box Number is Not Acceptable) 401 S. Sixth Avenue City Wauchula FL Zip Code 33873
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8. 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 *Lavon Cobb* (NOTE: Registered Agent signature required when reinstating) DATE 4-22-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM L. COBB CONSTRUCTION INC. 401 SOUTH SIXTH AVENUE WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Lavon Cobb, VP L Cobb Construction Inc* 4-22-08 863-773-3839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #