## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 28, 2008 8:00 am Secretary of State **DOCUMENT #L07000101558** 04-28-2008 90057 032 \*\*\*138.75 JAMES N. SMITH, AICP, DEVELOPMENT SERVICES, LLC Principal Place of Business Mailing Address 414 FLORIDA AVENUE **414 FLORIDA AVENUE** 60030769 NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JAMES N 414 FLORIDA AVENUE Street Address (P.O. Box Number is Not Acceptable) NEW SMYRNA BEACH, FL 32169 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME SMITH, JAMES N NAME STREET ADDRESS 414 FLORIDA AVENUE STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 608, Florida Statutes.

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Change

☐ Addition

FILED