

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/25

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-29-2008 90014 041 ***138.75

DOCUMENT # L07000113405 1. Entity Name LAKELAND PARKWAY DEVELOPMENT, LLC					
Principal Place of Business 111 W. FORTUNE STREET TAMPA, FL 33602 US			Mailing Address 111 W. FORTUNE STREET TAMPA, FL 33602 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 90-0349218 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Barcode:			
6. Name and Address of Current Registered Agent MANN, JOHN L 500 S. FLORIDA AVENUE SUITE 300 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALLEN, ANDRE 111 W. FORTUNE STREET TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'NEILL, CALLEN, DESIREE 111 W. FORTUNE STREET TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'NEILL, CALLEN, DESIREE 111 W. FORTUNE STREET TAMPA, FL 33602	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'NEILL, CALLEN, DESIREE 111 W. FORTUNE STREET TAMPA, FL 33602	☐ Delete			
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.					
SIGNATURE: Andre P. Callen 4/20/08 (913) 229-6686 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					