

File on or before May 1, or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

APPROVED
AND
FILED

03 MAY 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L94000000436**

BRITANNY OF ROSEMONT DEVELOPMENT COMPANY, L.C.
P.O. BOX 467
CONCORDVILLE, PA 19331

1a. Principal Place of Business Address

223 WILMINGTON WEST CHESTER PIKE
CHADDS FORD, PA 19317

500003279315--5

-06/07/00--01010--025

*******50.00 *****50.00**

2. Principal Place of Business
364 WILMINGTON WEST
CHESTER PIKE
Suite, Apt. #, etc.

2a. Mailing Address
364 WILMINGTON WEST
CHESTER PIKE
Suite, Apt. #, etc.

3. Date Organized or Qualified

09/02/94

3a. State of Formation

FLORIDA

4. FEI Number

22-2776519

☐ Applied For

☐ Not Applicable

City & State

GLEN MILLS, PA

City & State

GLEN MILLS, PA

Zip

19342

Country

USA

Zip

19342

Country

USA

5. Date of Last Report

02/16/99

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

JAMES BALLETTA
215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM/ MAN	THOMAS V. SPANO	364 WILMINGTON WEST CHESTER PIKE	GLEN MILLS, PA 19342
MEM	BETSY SPANO	364 WILMINGTON WEST CHESTER PIKE	GLEN MILLS, PA 19342
MEM	BRITTANY OF ROSEMONT MANAGEMENT COMPANY, INC.	364 WILMINGTON WEST CHESTER PIKE	GLEN MILLS, PA 19342

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

THOMAS V. SPANO, MANAGER/MEMBER

5/11/00

(610)558-1500