

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001472

FILED
Apr 23, 2004
Secretary of State

Entity Name: DEMIDION DEVELOPMENT, LLC

Current Principal Place of Business:

15438 NORTH FLORIDA AVE
SUITE 102
TAMPA, FL 33613

New Principal Place of Business:

15436 NORTH FLORIDA AVE
SUITE 200
TAMPA, FL 33613

Current Mailing Address:

15438 NORTH FLORIDA AVE
SUITE 102
TAMPA, FL 33613

New Mailing Address:

15436 NORTH FLORIDA AVE
SUITE 200
TAMPA, FL 33613

FEI Number: 52-2254614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEBARTOLO, LISA
Address: 6340 MACLAURIN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: MIDYETT, EDDY
Address: 6340 MACLAURIN DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEBARTOLO, LISA M
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: MGRM (X) Change () Addition
Name: MIDYETT, EDDY
Address: 15436 N FLORIDA AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA M. DEBARTOLO

MGRM

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date