

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90011 028 ****50.00

DOCUMENT # M03000001548

1. Entity Name
MLP FLORIDA DEVELOPMENT, L.L.C.



Principal Place of Business
607 SOUTH LINDBERGH BLVD.
ST. LOUIS, MO 63131

Mailing Address
607 SOUTH LINDBERGH BLVD.
ST. LOUIS, MO 63131

44090100



03312004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2093355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LEIBOLD, JOE
607 SOUTH LINDBERGH BLVD.
ST. LOUIS, MO 63131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PORTA, JOHN
607 SOUTH LINDBERGH BLVD.
ST. LOUIS, MO 63131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCCURDY, STAN
607 SOUTH LINDBERGH BLVD.
ST. LOUIS, MO 63131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561-863-4478