



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90025 042 \*\*\*138.75

<b>DOCUMENT # M04000001012</b> 1. Entity Name <b>TOXAWAY DEVELOPMENT GROUP, LLC</b>																										
Principal Place of Business <b>1801 CLINT MOORE RD SUITE 217 BOCA RATON, FL 33487</b>		Mailing Address <b>1801 CLINT MOORE RD SUITE 217 BOCA RATON, FL 33487</b>																								
2. Principal Place of Business - No P.O. Box # <b>5301 N. Federal Hwy #380</b> Suite, Apt. #, etc. <b>#380</b> City & State <b>Boca Raton FL</b> Zip <b>33487</b>		3. Mailing Address <b>5301 N. Federal Hwy #380</b> Suite, Apt. #, etc. <b>#380</b> City & State <b>Boca Raton FL</b> Zip <b>33487</b>																								
		<b>50005359</b> 																								
		02272008    Chg-LLC    CR2E083 (12/06)																								
		4. FEI Number <b>11-3714897</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																								
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																								
6. Name and Address of Current Registered Agent  <b>BLOOM, ASHLEY 1801 CLINT MOORE RD SUITE 217 BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>Bloom, Howard</b> Street Address (P.O. Box Number is Not Acceptable) <b>5301 N. Federal Hwy #380</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>																								
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 <u><i>N. Bloom</i></u> DATE <u>3/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																								
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																								
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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: <u><i>N. Bloom</i></u> Date <u>3/25/08</u> Daytime Phone # <u>(561) 674 0060</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																										