2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90040 043 ****50 00

DOCUMENT # M0500003040 1. Entity Name ALLYN CARL DEVELOPMENT, LLC					04-19-2007	90040 043 *****50).00	
Principal Place of Business Mailing Address 11145 HARBOUR ESTATES CIRCLE FT. MYERS, FL 33908 FT. MYERS, FL 33908				40070557				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6496 CORPORATE COURT 6496 CORPORATE COURT Suite, Apt. #, etc.			TE COURT					
15-1	102	B-10	2	04132007	Chg-LLC	CR2E083 (12/06)		
FT, MY	EAS FC	City & State Fr. MYEAS	Fc	4. FEI Numb 20-250			plied For t Applicable	
^{Zip} 33919	Country USA	Zip 33419	Country USA	5. Certificate	of Status Desired	S5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
PLANIAII	ON, FL 33324							
			City			FL Zip Cod	в	
8. The above the obligate	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of Fl	orida. I am familiar with,	and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating)		DATÉ		
Fi	Signature, typed or printed name of registered agent a silling Fee is \$50.00 ue by May 1, 2007	and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating)		DATE Ke check payable to a Department of State	e	
Fi	iling Fee is \$50.00		Registered Agent signature requirements	uired when reinstating)		ke check payable to a Department of State	0	
9.	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.	urred when reinstating)	Florid	ke check payable to a Department of State	Addition	
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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:

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

4-15-07

239-333-1137

Date

Daytime Phone #