

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004071

FILED  
Apr 20, 2008  
Secretary of State

**Entity Name:** DEVELOPER'S REAL ESTATE AND MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

8710 WEST HILLSBOROUGH AVE. #180  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

8710 WEST HILLSBOROUGH AVE. #180  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 51-0459779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KITCHELL, STACY  
8710 WEST HILLSBOROUGH AVE. #180  
TAMPA, FL 33615 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/MANAGERS:**

Title: PRES ( ) Delete  
Name: KITCHELL, STACY  
Address: 8710 WEST HILLSBOROUGH AVE. #180  
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete  
Name: KITCHELL, THOMAS  
Address: 8710 WEST HILLSBOROUGH AVE. #180  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** STACY D. KITCHELL

SDK

04/20/2008

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