2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160446

: EASTLAND DEVELOPMENT PARTNERS, INC

FILED Mar 18, 2009 Secretary of State

Entity Nar	me: EASTLAI	ND DEVELOPMENT PARTNE	RS, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
700 PONTE VERDA LAKES BLVD PONTE VEDRA BEACH, FL 320821260 US				700 PONTE VEDRA LAKES BLVD PONTE VEDRA BEACH, FL 320821260 US	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
700 PONTE VERDA LAKES BLVD PONTE VEDRA BEACH, FL 320821260 US				700 PONTE VEDRA LAKES BLVD PONTE VEDRA BEACH, FL 320821260 US	
FEI Number:	: 86-1153221	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
700 PONT	GREGORY D E VERDA LAK EDRA BEACH		700 PONTE VEDRA I	MORRIS, GREGORY D 700 PONTE VEDRA LAKES BLVD PONTE VEDRA BEACH, FL 32082 US	
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:			03/18/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BULLARD, FRI	ON ROAD SUITE 20	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCNEEL, CLA	ENNEDY BLVD SUITE 751	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (DODSON, J TH) Delete IOMAS	Title: Name:	() Change () Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: J. THOMAS DODSON D 03/18/2009

700 PONTE VERDA LAKES BLVD

PONTE VEDRA BEACH, FL 320821260

Address: City-St-Zip: