


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90029 050 ***150.00

DOCUMENT # P98000093482

1. Entity Name
MODULOR DEVELOPMENT CO., INC. *LLC*



Principal Place of Business
**3000 IMMOKALEE ROAD
 SUITE 5
 NAPLES, FL 34110**

Mailing Address
**3000 IMMOKALEE ROAD
 SUITE 5
 NAPLES, FL 34110**

2. Principal Place of Business - No P.O. Box #
999 Vanderbilt Beach Rd.

3. Mailing Address
999 Vanderbilt Beach Rd.

Suite, Apt. #, etc.
Suite 610

City & State
Naples, FL



03062008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0876270

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CRAWFORD, RICHARD S
 3000 IMMOKALEE RD
 SUITE 5
 NAPLES, FL 34110**

7. Name and Address of New Registered Agent
 Name
Crawford, Richard S.
 Street Address (P.O. Box Number is Not Acceptable)
999 Vanderbilt Beach Road
Suite 610
 City
Naples FL Zip Code
34108

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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CRAFT, CARL 44 E LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD JAFFE, IRA 3000 IMMOKALEE ROAD, SUITE 5 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 Vanderbilt Beach Rd., Suite 610 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, RICHARD 3000 IMMOKALEE ROAD, SUITE 5 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 Vanderbilt Beach Rd., Suite 610 Naples, FL 34108
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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Crawford* **3/19/08** **239-593-6160**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #