


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90165 050 \*\*\*138.75

**DOCUMENT # L97000000317**

1. Entity Name  
**CIRCLE THREE DEVELOPMENT, L.C.**



Principal Place of Business  
**3200 US HIGHWAY 27 SOUTH  
 SUITE 307  
 SEBRING, FL 33870**

Mailing Address  
**3200 US HIGHWAY 27 SOUTH  
 SUITE 307  
 SEBRING, FL 33870**

**50004001**

2. Principal Place of Business - No P.O. Box #  
**3200 US HWY 27 SOUTH**

3. Mailing Address  
**3200 US HWY 27 SOUTH**

Suite, Apt. #, etc.  
**SUITE 201**

Suite, Apt. #, etc.  
**SUITE 201**



04132008 Chg-LLC CR2E083 (12/06)

City & State  
**SEBRING, FL**

City & State  
**SEBRING, FL**

4. FEI Number  
**65-0734642**

Applied For  
 Not Applicable

Zip  
**33870**

Country  
**USA**

Zip  
**33870**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WOHL, JAMES M  
 7400 ARBUCKLE CREEK RD.  
 SEBRING, FL 33870**

7. Name and Address of New Registered Agent

Name  
**JAMES M. WOHL**

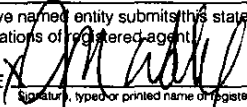
Street Address (P.O. Box Number is Not Acceptable)  
**1800 STATE ROAD 17 SOUTH**

City  
**AVON PARK**

FL

Zip Code  
**33825**

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, the registered agent.

SIGNATURE  **JAMES M. WOHL** **4-14-08**

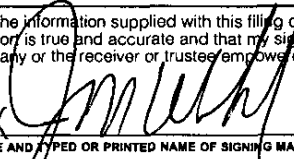
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEARTLAND REAL ESTATE CORPORATION 3200 US HIGHWAY 27 SOUTH, SUITE 307 SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JJW, INC 3200 US HWY 27 SOUTH, SUITE 201 SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIRCLE M CITRUS, INC. 1379 N EAST VIOLA ROAD AVON PARK, FL 33825 <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	MGRM EXCAVATION POINT, INC. 7944 S GEORGE BLVD SEBRING, FL 33872 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JAMES M. WOHL** **4-14-08** **863-382-3887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #