

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000317

FILED
Mar 10, 2009
Secretary of State

Entity Name: CIRCLE THREE DEVELOPMENT, L.C.

Current Principal Place of Business:

3200 US HIGHWAY 27 SOUTH
STE 201
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3200 US HIGHWAY 27 SOUTH
STE 201
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0734642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOHL, JAMES M
1800 SR 17 S
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

WOHL, JAMES M
1800 STATE ROAD 17 SOUTH
AVON PARK, FL 33825 US

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:

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CIRCLE M CITRUS, INC.,
Address: 1379 N EAST VIOLA ROAD
City-St-Zip: AVON PARK, FL 33825

Title: MGRM () Delete
Name: EXCAVATION POINT, IN, C.
Address: 7944 S GEORGE BLVD
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Delete
Name: JJW INC,
Address: 3200 US HWY 27 S STE 201
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

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

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: JAMES M. WOHL

MGRM

03/10/2009

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