2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2005 JUL -7 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005719

1. Entity Name
TJR DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
1915 WEST CLINTON DRIVE ST CLOUD, FL 34769	1915 WEST CLINTON DRIVE ST CLOUD, FL 34769

02012005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3664191
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLEMENTS, ROBERT G
5728 MAJOR BLVD.
STE. 270
ORLANDO, FL 32801

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RICHTMYER, THOMAS J SR
STREET ADDRESS	1915 W. CLINTON DR.
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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03/01/05--01053--021--$50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Thomas J. Richtmyer Sr. 10 Feb. 2005 407-908-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #