

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003850

Entity Name: ENVIRODEV PROPERTIES, L.L.C.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

17320 DORMAN RD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

17320 DORMAN RD
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-3713491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSS, GLENN E
17320 DORMAN RD
LITHIA, FL 335472 US

Name and Address of New Registered Agent:

CROSS, GLEN E
17320 DORMAN RD
LITHIA, FL 335472 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: GLEN E CROSS

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CROSS, GLEN E
Address: 17320 DORMAN RD
City-St-Zip: LITHIA, FL 33547

Title: VPS () Delete
Name: CAMPO, DANIEL E
Address: PO BOX 758
City-St-Zip: BOCA GRANDE, FL 33921

Title: VPT () Delete
Name: CUSTARD, GALEN
Address: 2850 BAYSHORE TRAILS DR
City-St-Zip: TAMPA, FL 33681

ADDITIONS/CHANGES:

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

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

Title: VPT (X) Change () Addition
Name: CUSTARD, GALEN
Address: 17320 DORMAN RD
City-St-Zip: LITHIA, FL 33547

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: GLEN E CROSS

MGRM

01/20/2009

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