

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005343

Entity Name: R & J DEVELOPMENT, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

22286 VICK STREET
CHARLOTTE HARBOR, FL 33980 US

New Principal Place of Business:

12653 S.W. COUNTY RD. 769
SUITE A
LAKE SUZY, FL 34269 US

Current Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-1116175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT ST
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FEHR, JEFF
Address: 22286 VICK STREET
City-St-Zip: CHARLOTTE HARBOR, FL 33980 US

Title: MGRM () Delete
Name: FARHAT, PHILIP D
Address: 326 SEVERIN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FEHR, JEFF
Address: 12653 S.W. COUNTY RD. 769, STE. A
City-St-Zip: LAKE SUZY, FL 34269 US

Title: MGRM (X) Change () Addition
Name: FARHAT, PHILIP D
Address: 1435 COLLINGSWOOD BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: PHILIP D. FARHAT

MGR

04/28/2008

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