

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020277

Entity Name: GRITZ DEVELOPMENT, LLC

FILED
Feb 19, 2007
Secretary of State

Current Principal Place of Business:

15261 TELCOM DR
SPRING HILL, FL 34604

New Principal Place of Business:

15261 TELCOM DR
BROOKSVILLE, FL 34604

Current Mailing Address:

15261 TELCOM DR
SPRING HILL, FL 34604

New Mailing Address:

15261 TELCOM DR
BROOKSVILLE, FL 34604 US

FEI Number: 52-2358354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JARQUE, GREG
7450 RIVER COUNTRY DR
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

JARQUE, CHRISTINE MRS
15261 TELCOM DR.
BROOKSVILLE, FL 34607 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: CHRISTINE JARQUE

02/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JARQUE, GREG
Address: 7450 RIVER COUNTRY DRIVE
City-St-Zip: SPRING HILL, FL 34607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JARQUE, GREG MGR
Address: 15261 TELCOM DR
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: V.P. () Change (X) Addition
Name: JARQUE, CHRISTINE
Address: 15261 TELCOM DR.
City-St-Zip: BROOKSVILLE, FL 34604 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE JARQUE

MRS.

02/19/2007

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