

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010654

Entity Name: R.G.B. DEVELOPMENT, LLC

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

4311 NW 17TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4311 NW 17TH PL
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 01-0687017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASH, ROBERT A ESQ.
4311 NW 17TH PL
GAINESVILLE, FL 32605 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: MM () Delete
Name: LASH, ROBERT
Address: 4311 NW 17TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: M () Delete
Name: MOODY, GARY
Address: 3959 NW 32ND PL
City-St-Zip: GAINESVILLE, FL 32606

Title: M () Delete
Name: BUSSARD, CARL
Address: 10860 NW 198TH ST
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LASH, ROBERT
Address: 4311 NW 17TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR (X) Change () Addition
Name: MOODY, GARY
Address: 3959 NW 32ND PL
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR (X) Change () Addition
Name: BUSSARD, CARL
Address: 10860 NW 198TH ST
City-St-Zip: MICANOPY, FL 32667

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: ROBERT LASH

MGRM

02/11/2009

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