2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016607

Entity Name: CMC DEVELOPMENT, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
2560 RCA BLVD., SUITE 112 PALM BEACH GARDENS, FL 33410	2560 RCA BLVD. SUITE 112 PALM BEACH GARDENS, FL 33410

Current Mailing Address:	**New Mailing Address:**
2560 RCA BLVD., SUITE 112 PALM BEACH GARDENS, FL 33410	2560 RCA BLVD. SUITE 112 PALM BEACH GARDENS, FL 33410

FEI Number: 65-0232971   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CHAPIN, NANCY 2560 RCA BLVD., SUITE 112 PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CHAPIN, ROY	Name:	
Address:	2560 RCA BLVD., SUITE 112	Address:	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	City-St-Zip:	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CHAPIN, NANCY	Name:	
Address:	2560 RCA BLVD., SUITE 112	Address:	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	City-St-Zip:	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MEADS, LAURENCE	Name:	
Address:	27 HOMESDALE RD	Address:	
City-St-Zip:	BRONXVILLE, NY 10708	City-St-Zip:	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MEADS, MINDY	Name:	
Address:	27 HOMESDALE RD.	Address:	
City-St-Zip:	BRONXVILLE, NY 10708	City-St-Zip:	

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: ROY CHAPIN   MGR   04/16/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date