,2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000017923

1. Entity Name

MARY ESTHER DEVELOPMENT, LLC



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

4300 LEGENDARY DRIVE SUITE 204

DESTIN, FL 32541

Mailing Address

4300 LEGENDARY DRIVE

SUITE 204

DESTIN, FL 32541



01262007 No Chg-LLC

CR2E083 (11/05)

4. FEi Number 59-3755013

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSON, RICHARD 4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541

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8.	. 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.	I am familiar with, and	l accept
	the obligations of registered agent.		
_			

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON & ASSOCIATES OF NW FLORIDA, INC. 4300 LEGENDARY DRIVE STE 204 DESTIN, FL 32541		
NAME STREET ADDRESS CITY-ST-ZIP			
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11. Thereby certify that the information supplied with this filling does not qualify for the			

04/24/07-80130-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TIPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR WITH

R AUTHORIZED REPRESENTATIVE

10-07

50-650-2650