2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS

FILED Jan 19, 2007 08:00 AM DOCUMENT # L02000022019 **Secretary of State** LBJ DEVELOPMENT, LLC Principal Place of Business Mailing Address 3801 EAST SR 46 3801 EAST SR 46 SANFORD, FL 32771 SANFORD, FL. 32771 01152007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3625067 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLIS, LEONARD DO NOT WRITE 3801 EAST STATE ROAD 46 SANFORD, FL 32771 IN THIS SPACE 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 U00000593378 01/22/07-80029-006 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE NAME HOLLIS, LEONARD 3801 EAST SR 46 STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE CALDWELL, ROBERT H JR NAME STREET ADDRESS 3801 E. SR 46 CITY-ST-7/2 SANFORD, FL 32771 TITLE NAME TACKETT, JACQUELINE P 3801 E. SR 46 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SANFORD, FL 32771 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT) F NAME

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Meanuline P. Jackett Jacqueline P. Tackett	01/16/07	407/323-4200
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daylime Phone 4