

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022019

Entity Name: LBJ DEVELOPMENT, LLC

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

3801 EAST SR 46
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

3801 EAST SR 46
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3625067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIS, LEONARD
3801 EAST STATE ROAD 46
SANFORD, FL 32771 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: P () Delete
Name: HOLLIS, LEONARD
Address: 3801 EAST SR 46
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: CALDWELL, ROBERT H JR
Address: 3801 E. SR 46
City-St-Zip: SANFORD, FL 32771

Title: ST () Delete
Name: TACKETT, JACQUELINE P
Address: 3801 E. SR 46
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: HOLLIS, LEONARD
Address: 3801 EAST SR 46
City-St-Zip: SANFORD, FL 32771

Title: P (X) Change () Addition
Name: CALDWELL, ROBERT H JR
Address: 3801 E. SR 46
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
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: JACQUELINE P. TACKETT

ST

01/28/2009

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