

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000002457

1. Entity Name
F.D.R. DEVELOPMENT, L.L.C.



Principal Place of Business
**4100 RECKER HWY.
WINTER HAVEN, FL 33880**

Mailing Address
**4100 RECKER HWY.
WINTER HAVEN, FL 33880**



01172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0444511

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRASIER, DONALD W
4100 RECKER HWY.
WINTER HAVEN, FL 33880**

**DO NOT WRITE
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 signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRASIER, DONALD W
STREET ADDRESS	100 TWIN COVE
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	MGRM
NAME	DUNN, BOBBY
STREET ADDRESS	11751 DEEN STILL RD EAST
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	MGRM
NAME	RILEY, DARRYL
STREET ADDRESS	250 POST RD
CITY-ST-ZIP	POLK CITY, FL 33868

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04/25/08-80076-022 143.75

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-7-08

Date

863-967-5177

Daytime Phone #