2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L03000002457

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

Current Principal Place of Business:

4100 RECKER HWY.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

4100 RECKER HWY.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 51-0444511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRASIER, DONALD W
4100 RECKER HWY.
WINTER HAVEN, FL 33880 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:	MGRM ( ) Delete
Name:	FRASIER, DONALD W
Address:	100 TWIN COVE
City-St-Zip:	AUBURNDALE, FL 33823
Title:	MGRM ( ) Delete
Name:	DUNN, BOBBY
Address:	11751 DEEN STILL RD EAST
City-St-Zip:	POLK CITY, FL 33868
Title:	MGRM ( ) Delete
Name:	RILEY, DARRYL
Address:	250 POST RD
City-St-Zip:	POLK CITY, FL 33868

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	RILEY, DARRYL
Address:	6400 BELLO ROBLE DRIVE
City-St-Zip:	AUBURNDALE, FL 33823

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: DONALD W. FRASIER MGRM 04/22/2009

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