

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007162

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: REGROUP DEVELOPMENT LLC

**Current Principal Place of Business:**

400 SE 6TH AVE  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 SE 6TH AVE  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

FEI Number: 59-3769415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAWSON, JAMES A  
400 SE 6TH AVE  
POMPANO BEACH, FL 33060 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: JAMES A. LAWSON ARCHITECH, INC.  
Address: 400 SE 6TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM ( ) Delete  
Name: MICHAEL S KELLEHER INC  
Address: 400 SE 6TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JAMES A. LAWSON ARCHITECT, INC.  
Address: 400 SE 6TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM (X) Change ( ) Addition  
Name: MICHAEL S. KELLEHER, INC.  
Address: 400 SE 6TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

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: MICHAEL S KELLEHER

MGRM

04/09/2009

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