

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009141

FILED
Feb 21, 2008
Secretary of State

Entity Name: DEVELOPING POSITIVE CHANGES, LLC

Current Principal Place of Business:

1634 FERRIS AVENUE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1634 FERRIS AVENUE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3769450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, JOHANNA
1634 FERRIS AVENUE
ORLANDO, FL 32803 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: MCDONALD, JOHANNA
Address: 1634 FERRIS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM () Delete
Name: WERNER, ERICA
Address: 2308 MUSSELWHITE AVE
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM () Delete
Name: HAY, PATRICE
Address: 220 SANDHILL CRANE RUN
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BRINSON, ERICA
Address: 6340 GOLDEN EYE GLEN
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

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: JOHANNA MCDONALD

MGR

02/21/2008

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