2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L03000023463

Entity Name: FWD DEVELOPMENT COMPANY, LC

Current Principal Place of Business:

322 GUNNERY ROAD S., SUITE B
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

322 GUNNERY ROAD S., SUITE B
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 35-2208861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCIS, DOUGLAS B
322 GUNNERY ROAD S., SUITE B
LEHIGH ACRES, FL 33971 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:	FRANCIS, DOUGLAS B	
Address:	322 GUNNERY ROAD S., SUITE B	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	MGRM	( ) Delete
Name:	WILLIAMS, ALAN	
Address:	322 GUNNERY ROAD S., SUITE B	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	MGRM	( ) Delete
Name:	DELACRUZ, GUADALUPE	
Address:	322 GUNNERY ROAD S., SUITE B	
City-St-Zip:	LEHIGH ACRES, FL 33971	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GUADALUPE DELACRUZ MGRM 03/12/2009

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