

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007455

FILED
Apr 18, 2007
Secretary of State

Entity Name: EDENROCK DEVELOPMENT, L.L.C.

Current Principal Place of Business:

6646 WILLOW PARK DR
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6646 WILLOW PARK DR
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-0617075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEL, MICHAEL
1580 IXORA DR
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

PEEL, MICHAEL J
1580 IXORA DR
NAPLES, FL 34102 US

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: MICHAEL J PEEL

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEEL, MICHAEL
Address: 1580 IXORA DR
City-St-Zip: NAPLES, FL 34102

Title: M () Delete
Name: PEEL, STEPHEN L
Address: 2323 TARPON RD
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEEL, MICHAEL J
Address: 1580 IXORA DR
City-St-Zip: NAPLES, FL 34102

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

Title: S () Change (X) Addition
Name: PETER, RENEE T
Address: 14730 INDIGO LAKES CIRCLE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 J PEEL

MGR

04/18/2007

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