

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008335

Entity Name: FLORIDEV, LLC

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

997 W. KENNEDY BLVD.,
SUITE A25
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

997 W. KENNEDY BLVD.,
SUITE A25
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 27-8442887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAVELLE, PATRICIA A
997 W. KENNEDY BLVD.
SUITE A25
ORLANDO, FL 32810 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: MGR () Delete
Name: LAVELLE, PATRICIA A
Address: 997 W. KENNEDY BLVD. A25
City-St-Zip: ORLANDO, FL 32810

Title: MGR () Delete
Name: KAPLAN, BERNARD
Address: 997 W. KENNEDY BLVD, A25
City-St-Zip: ORLANDO, FL 32810

Title: MGR () Delete
Name: BIEWEND, ANDRE
Address: 997 W KENNEDY BLVD A25
City-St-Zip: ORLANDO, FL 32810

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: PATRICIA LAVELLE

MGR

01/28/2009

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