2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L04000015698

Entity Name: MURABELLA, LLC

Current Principal Place of Business:

414 OLD HARD ROAD
SUITE 201
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

414 OLD HARD ROAD
SUITE 201
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 20-0933935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, JAMES R
414 OLD HARD ROAD, SUITE 201
FLEMING ISLAND, FL 32003 US

Name and Address of New Registered Agent:

SPENCER, SANDRA
414 OLD HARD ROAD, SUITE 201
FLEMING ISLAND, FL 32003 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: SANDRA SPENCER 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WOOD DEVELOPMENT COMPANY OF JACKSONVILLE	
Address:	414 OLD HARD ROAD, SUITE 201	
City-St-Zip:	FLEMING ISLAND, FL 32003	
Title:	PRES	(X) Delete
Name:	WOOD, JAMES RICKY PRES	
Address:	414 OLD HARD ROAD, SUITE 201	
City-St-Zip:	FLEMING ISLAND, FL 32003	
Title:	VP/S	( ) Delete
Name:	WOOD, SUSAN D VP/S	
Address:	414 OLD HARD ROAD, SUITE 201	
City-St-Zip:	FLEMING ISLAND, FL 32003	
Title:	T	( ) Delete
Name:	EDWARDS, JR., MABRY CFO	
Address:	414 OLD HARD ROAD, SUITE 201	
City-St-Zip:	FLEMING ISLAND, FL 32003	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	MABRY EDWARDS JR	
Address:	414 OLD HARD ROAD, SUITE 201	
City-St-Zip:	FLEMING ISLAND, FL 32003	
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: MABRY EDWARDS, JR T 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date