


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000015927 1. Entity Name M & L DEVELOPMENT, LLC	
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Principal Place of Business 4417 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327	Mailing Address P.O. BOX 6447 TALLAHASSEE, FL 32314
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 26-0080937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

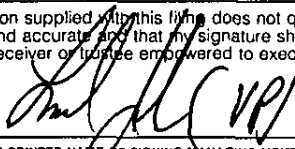
U000000886752
04/18/08-80070-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	JEZIORSKI, LENARD R
STREET ADDRESS	273 JACK CRUM RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	V
NAME	ZONDERVAN, MARK W
STREET ADDRESS	2 TANGLEWOOD RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **4-7-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #