

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040582

FILED
Mar 25, 2009
Secretary of State

Entity Name: CHURCHILL DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

629 E. RIDGEWOOD STREET
ORLANDO, FL 32803

New Principal Place of Business:

629 E. RIDGEWOOD STREET
ORLANDO, FL 32803 US

Current Mailing Address:

629 E. RIDGEWOOD STREET
ORLANDO, FL 32803

New Mailing Address:

629 E. RIDGEWOOD STREET
ORLANDO, FL 32803 US

FEI Number: 20-0266095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, MICHAEL S
629 E. RIDGEWOOD STREET
ORLANDO, FL 32803 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: MURRAY, MICHAEL S
Address: 629 E. RIDGEWOOD STREET
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: JONATHAN, DORAN P
Address: 301 PINE STREET, SUITE 150
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURRAY, MICHAEL S
Address: 629 E. RIDGEWOOD STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: VP (X) Change () Addition
Name: JONATHAN, DORAN P
Address: 301 PINE STREET, SUITE 150
City-St-Zip: ORLANDO, FL 32801 US

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: MICHAEL S. MURRAY

MGRM

03/25/2009

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