

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90115 021 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000047208					
1. Entity Name MT DEVELOPMENT GROUP, LLC					
Principal Place of Business 2798 LAWRENCE ROAD MARIANNA, FL 32446				Mailing Address 2798 LAWRENCE ROAD MARIANNA, FL 32446	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		74 Country	
4. FFI Number 20-1342714				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, GLEN O 2798 LAWRENCE ROAD MARIANNA, FL 32446				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity hereby makes 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 _____ (Signature, typed or printed name of registered agent and filer is acceptable. (Filer is Registered Agent signature required when filing.)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 609, Florida Statutes.					
SIGNATURE: <u>Glen O. Moore</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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