2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000064390

Entity Name: BAM DEVELOPMENT, LLC

Current Principal Place of Business:

841 WEST ARIEL ROAD
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

841 WEST ARIEL ROAD
EDGEWATER, FL 32141

New Mailing Address:

FEI Number: 56-2521029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUDDENI, MARY
351 NORTH U S 1
OAK HILL, FL 32759 US

Name and Address of New Registered Agent:

LINDHOLM, WILLIAM O JR
351 NORTH U S 1
OAK HILL, FL 32759 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: WILLIAM O. LINDHOLM JR 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LINDHOLM, WILLIAM O JR
Address: 841 WEST ARIEL ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM ( ) Delete
Name: LINDHOLM, WILLIAM
Address: 841 WEST ARIEL ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: SULLIVAN, JAMES D
Address: 277 CYPRESS AVE
City-St-Zip: OAK HILL, FL 32759

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: WILLIAM O. LINDHOLM JR MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date