

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000077519

FILED
Oct 10, 2007
Secretary of State

Entity Name: FLORIDA DEVELOPMENT, LLC

Current Principal Place of Business:

7323 6TH AVENUE NORTH WEST
BRADENTON, FL 342091528

New Principal Place of Business:

Current Mailing Address:

7323 6TH AVENUE NORTH WEST
BRADENTON, FL 342091528

New Mailing Address:

FEI Number: 74-3133553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORSHKOEV, RUSLAN M
7323 6TH AVENUE NORTH WEST
BRADENTON, FL 342091528 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: TORSHKOEV, RUSLAN M
Address: 7323 6TH AVNEUE NORTH WEST
City-St-Zip: BRADENTON, FL 342091528

Title: MGRM () Delete
Name: MYERS, ROBERT T
Address: 7323 6TH AVNEUE NORTH WEST
City-St-Zip: BRADENTON, FL 342091528

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: MGRM () Change (X) Addition
Name: ARTEAGO, MILTON
Address: 14936 AMBERJACK TERRACE
City-St-Zip: BRADENTON, FL 34202

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: RUSLAN M TORSHKOEV

MGRM

10/10/2007

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