2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 06, 2007 08:00 Al Secretary of State

| DOCL | JA. | / FI | NT | # | IΛ | 40 | nn | n | RN | 1 | 12 |
|------|-----|-------------|-----|----|----|----|--------------|---|----|---|-----|
| | ノリソ | ′' ∟ | N I | 77 | Ľ٧ | 70 | \mathbf{v} | " | - | | 1 _ |

1. Entity Name

A.W.L. DEVELOPMENT GROUP, LLC



Principal Place of Business

660 OLD DIXIE HIGHWAY VERO BEACH, FL 32962 Mailing Address

660 OLD DIXIE HIGHWAY VERO BEACH, FL 32962



DO NOT WRITE IN THIS SPACE

04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1935237

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SEGAL, BARRY G ESQ 621 17TH STREET VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

| 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 lamiliar with, and accept |
|----|--|--------------------------------|
| | the obligations of registered agent. | |
| | | |

SIGNATURE.

Signature, typed or printed name of registered agent and little if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

| 9. | MANAGING MEMBERS/MANAGERS | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCARBOROUGH, TRACEY 660 OLD DIXIE HIGHWAY VERO BEACH, FL 32962 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AYERS, PATRICK 660 OLD DIXIE HIGHWAY VERO BEACH, FL 32962 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |

U00000693303 04/16/07-80034-017 150.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with 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 accurate an empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRATED

PED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/01

772-477-125\$

Daytime Phone #