

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083036

FILED
Apr 16, 2009
Secretary of State

Entity Name: SPEATH DEVELOPMENT, LLC

Current Principal Place of Business:

8000 SUMMERLIN LAKES DRIVE
SUITE 201
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8000 SUMMERLIN LAKES DRIVE
SUITE 201
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 16-1710710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEATH, MATTHEW S
8000 SUMMERLIN LAKES DRIVE
SUITE 201
FORT MYERS, FL 33907 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: MR () Delete
Name: SPEATH, MATTHEW S
Address: 8000 SUMMERLIN LAKES DRIVE, SUITE 201
City-St-Zip: FORT MYERS, FL 33907

Title: MR () Delete
Name: SPEATH, ELLIS H JR
Address: 111 HARMONY LANE
City-St-Zip: MANCHESTER CENTER, VT 05255

Title: MRS () Delete
Name: SPEATH, SUSAN C
Address: 111 HARMONY LANE
City-St-Zip: MANCHESTER CENTER, VT 05255

ADDITIONS/CHANGES:

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

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

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

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: MATTHEW S. SPEATH

MR.

04/16/2009

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