

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007229

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: CEDAR FALLS DEVELOPMENT, LLC

**Current Principal Place of Business:**

997 CEDAR FALLS DRIVE  
WESTON, FL 333271728

**New Principal Place of Business:**

**Current Mailing Address:**

997 CEDAR FALLS DRIVE  
WESTON, FL 333271728

**New Mailing Address:**

FEI Number: 41-2165083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHUSTER, MARC S  
997 CEDAR FALLS DRIVE  
WESTON, FL 33327 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: SHUSTER, MARC S  
Address: 997 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

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

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: JACOB, JIJU  
Address: 997 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM ( ) Change (X) Addition  
Name: BACKMAN, SCOTT  
Address: 997 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327 US

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: MARC SHUSTER

MGRM

04/29/2008

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