

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


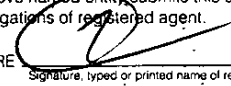
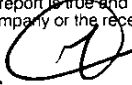
FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90036 035 ****50.00

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04092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000008595				
1. Entity Name J & T DEVELOPMENT, LLC				
Principal Place of Business 480 BLACKBURN POINT ROAD OSPREY, FL 34229			Mailing Address 480 BLACKBURN POINT ROAD OSPREY, FL 34229	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7820 S. Holiday Dr		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 220		
City & State		City & State Sarasota FL		
Zip	Country	Zip	Country	
34231	USA	34231	USA	
4. FEI Number 20-2603620			Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
BERLIN LAW FIRM, P.A. 1605 MAIN STREET, SUITE 910 SARASOTA, FL			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
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 familiar with, and accept the obligations of registered agent.				
SIGNATURE 			DATE 4-11-07	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFEVRE, THOMAS L 480 BLACKBURN POINT ROAD OSPREY, FL 34229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHEWS, LLOYD J 21120 EAST RIVER GROSSE ILE, MI 48138	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: 			Date 4-11-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #	