2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014144

Entity Name: R.E.M DEVELOPERS, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1684 METROPOLITAN CIRCLE 1410 E. PEARL ST. TALLAHASSEE, FL 32308 MONTICELLO, FL 32344

Current Mailing Address: New Mailing Address:

1684 METROPOLITAN CIRCLE 1410 E. PEARL ST. TALLAHASSEE, FL 32308 MONTICELLO, FL 32344

FEI Number: 20-2372318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLER, GIBBES U JR. 1410 EAST PEARL STREET MONTICELLO, FL 32344 US

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: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition Name: MILLER, GIBBES U JR.
Address: 1410 EAST PEARL STREET Address: 1410 EAST PEARL STREET
City-St-Zip: TALLAHASSEE, FL 32344

Title: MGRM (X) Change () Addition Name: MILLER, GIBBES U JR.
Address: 1410 EAST PEARL STREET
City-St-Zip: TALLAHASSEE, FL 32344

Title: MGRM () Delete Title: () Change () Addition

 Name:
 RIVERS, GENE
 Name:

 Address:
 1520 KILLEARN CENTER BLVD. STE. 100
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 RIVERS, REBEKAH
 Name:

 Address:
 1520 KILLEARN CENTER BLVD. STE 100
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 EVANS, JOHN
 Name:

 Address:
 1684 METROPOLITAN CIRCLE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 EVANS, JUSTIN
 Name:

 Address:
 1684 METROPOLITAN CIRCLE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:

Title: () Delete Title: MGMR () Change (X) Addition

 Name:
 Name:
 MILLER, MAXIE

 Address:
 Address:
 1410 E. PEARL ST.

 City-St-Zip:
 City-St-Zip:
 MONTICELLO, FL 32344

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: GIBBES MILLER MGMR 04/30/2009