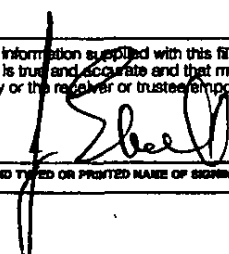


FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90113 025 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000015530					
1. Entity Name JRV DEVELOPMENT, LLC					
Principal Place of Business 15107 MASTHEAD LANDING CIRCLE WINTER GARDEN, FL 34787			Mailing Address 15107 MASTHEAD LANDING CIRCLE WINTER GARDEN, FL 34787		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2527702			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent EWELL, JOHN 15107 MASTHEAD LANDING CIRCLE WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)					
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	P ELWELL, J H 7 ATUFLASTAU GREEN ROLLING BOURNE KENT, he17u8 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7 Athelstan Green Hollingbourne, Kent ME17 1UX		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELWELL, V 7 ATUFLASTAU GREEN ROLLING BOURNE KENT, he17u8 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7 Athelstan Green Hollingbourne, Kent ME17 1UX		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELWELL, L LITTLE SURREUDEN STAPLENURST KENT, tn120onq ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Elwell, R		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 					