

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

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



04172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000936621  
05/27/08-80018-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME ELWELL, J H  
STREET ADDRESS 7 ATHELSTAN GREEN  
CITY-ST-ZIP HOLLINGBOURNE, KENT, me17 1ux

TITLE VP  
NAME ELWELL, V  
STREET ADDRESS 7 ATHELSTAN GREEN  
CITY-ST-ZIP HOLLINGBOURNE, KENT, me17 1ux

TITLE ST  
NAME ELWELL, R  
STREET ADDRESS LITTLE SURREUDEN  
CITY-ST-ZIP STAPLENURST KENT, tn120onq

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_