

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048918

Entity Name: DMD DEVELOPMENT LLC

FILED
May 19, 2008
Secretary of State

Current Principal Place of Business:

10099 FREESIAN WAY
WELLINGTON, FL 33449 US

New Principal Place of Business:

Current Mailing Address:

10099 FREESIAN WAY
WELLINGTON, FL 33449 US

New Mailing Address:

FEI Number: 30-0317407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DRISCOLL, DENISE M
10099 FREESIAN WAY
WELLINGTON, FL 33449 US

Name and Address of New Registered Agent:

DRISCOLL, DENISE M DENISE
10099 FREESIAN WAY
WELLINGTON, FL 33449 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: DENISE DRISCOLL

05/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DRISCOLL, DENISE M
Address: 10099 FREESIAN WAY
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGR (X) Delete
Name: DRISCOLL, THOMAS B III
Address: 10099 FREESIAN WAY
City-St-Zip: WELLINGTON, FL 33449 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DRISCOLL, DENISE M DENISE
Address: 10099 FREESIAN WAY
City-St-Zip: WELLINGTON, FL 33449 US

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

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: DENISE DRISCOLL

DENI

05/19/2008

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