## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070562

Address:

City-St-Zip:

Entity Name: COSMOPOLITAN DEVELOPMENT, LLC

FILED Apr 27, 2009 Secretary of State

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

1503 SW 1ST AVENUE 2237 SW 19TH AVE ST, STE 101 OCALA, FL 34474 US OCALA, FL 34471 US

Current Mailing Address: New Mailing Address:

1503 SW 1ST AVENUE 2237 SW 19TH AVE ST, STE 101 OCALA, FL 34474 US 0CALA, FL 34471 US

FEI Number: 20-3419222 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:

KIM, LANCE Y DO

1503 SW 1ST AVE

OCALA, FL 34474 US

KIM, LANCE Y DO

2237 SW 19TH AVE ST, STE 101

OCALA, FL 34471 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: 04/27/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 KIM, DR. LANCE
 Name:
 KIM, DR. LANCE

 Address:
 1503 SW 1ST AVENUE
 Address:
 2237 SW 19TH AVE ST, STE 101

City-St-Zip: OCALA, FL 34474 US City-St-Zip: OCALA, FL 34471 US

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition Name: LEE, JOHN Name:

 LEE, JOHN
 Name:

 1503 SW 1ST AVENUE
 Address:

 OCALA, FL 34474 US
 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: DR LANCE Y KIM MGRM 04/27/2009