

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072935

FILED  
May 12, 2009  
Secretary of State

**Entity Name:** NEXT GENERATION DEVELOPMENT, LLC

**Current Principal Place of Business:**

523 N. SPOONBILL DR.  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

523 N. SPOONBILL DR.  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 20-3212225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABA, RICHARD D  
SABA & KING, LLP  
2033 MAIN STREET, SUITE 303  
SARASOTA, FL 34237 US

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

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:**

Title: MGRM ( ) Delete  
Name: DECKLEVER, WILLIAM O  
Address: PO BOX 2060  
City-St-Zip: BOCA GRANDE, FL 33921

Title: MGRM (X) Delete  
Name: DECKLEVER, BRETT A  
Address: 523 N. SPOONBILL DR.  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DECKLEVER, BRETT A  
Address: 523 N. SPOONBILL DR  
City-St-Zip: SARASOTA, FL 34236

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:** BRETT DECKLEVER

MGRM

05/12/2009

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