

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075721

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: FAMILY DEVELOPMENT, LLC

## Current Principal Place of Business:

43309 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS, FL 34689 US

## New Principal Place of Business:

43309 U S HIGHWAY 19 N  
TARPON SPRINGS, FL 34689 US

## Current Mailing Address:

PO BOX 1608  
TARPON SPRINGS, FL 34688 US

## New Mailing Address:

P O BOX 1608  
TARPON SPRINGS, FL 346881608 US

FEI Number: 20-3237932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STANLEY, BRYAN J ESQ.  
114 TURNER STREET  
CLEARWATER, FL 34689 US

## Name and Address of New Registered Agent:

STANLEY, BRYAN J ESQ.  
114 TURNER STREET  
CLEARWATER, FL 33756 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:

01/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GILLS, JAMES P III  
Address: 43309 U.S HIGHWAY 19 NORTH  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM ( ) Delete  
Name: GRUNDY, T. SHEA  
Address: 43309 U.S. HIGHWAY 19 NORTH  
City-St-Zip: TARPON SPRINGS, FL 34689

## ADDITIONS/CHANGES:

Title: PMG (X) Change ( ) Addition  
Name: GILLS, JAMES P. III  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: STMG (X) Change ( ) Addition  
Name: GRUNDY, T. SHEA  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: JAMES P. GILLS III

P

01/20/2009

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