

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117125

FILED
Apr 24, 2009
Secretary of State

Entity Name: LNM DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

6921 PISTOL RANGE ROAD
101
TAMPA, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

6921 PISTOL RANGE ROAD
101
TAMPA, FL 33635 US

New Mailing Address:

FEI Number: 20-4308317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, LORI S
6921 PISTOL RANGE ROAD
SUITE 101
TAMPA, FL, FL 33635 US

Name and Address of New Registered Agent:

JOHNSON, LORI S
6921 PISTOL RANGE ROAD
SUITE 101
TAMPA, FL 33635 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:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORINO, DONALD J
Address: 6013 WILLIAMSBURG WAY
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM () Delete
Name: MORALES, JOSE
Address: 9314 ROCKPORT PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: MUELLER, DONALD
Address: 1707 SW 108TH STREET
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MGRM () Delete
Name: HARRIS, BRIAN
Address: 2140 DOVEFIELD DR
City-St-Zip: PENSACOLA, FL 32534 US

Title: MGRM () Delete
Name: PORTOFE, FRED G
Address: 4607 COUNTRY HILLS DR
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM () Delete
Name: JOHNSON, LORI S
Address: 9901 SADDLE RD
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

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

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

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

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: LORI S. JOHNSON

MGRM

04/24/2009

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