## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035630

Address:

City-St-Zip:

14430 MUSTANG TRAIL

SUNSHINE RANCHS, FL 33331

Entity Name: ECO DEVELOPMENT, LLC

FILED Jun 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1560 SAWGRASS CORPORATE PARKWAY 4934 PELICAN MANOR COCONUT CREEK, FL 33073 #484 SUNRISE, FL 33023 **New Mailing Address: Current Mailing Address:** 1560 SAWGRASS CORPORATE PARKWAY 4934 PELICAN MANOR #484 COCONUT CREEK, FL 33073 SUNRISE, FL 33023 FEI Number: 20-4698634 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: Name and Address of New Registered Agent: COLLIER, JOHN W COLLIER, JOHN W 5500 SW 128 AVE 1560 SAWGRASS CORPORATE PARKWAY FORT LAUDERDALE, FL 33330 US #484 SUNRISE, FL 33023 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: JOHN COLLIER 06/01/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WILSON, PAUL E Name: Name: 4934 PELICAN MANOR Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: COLLIER, JOHN W Name: Address: 5500 SW 128 AVE Address: City-St-Zip: FT. LAUDERDALE, FL 33330 City-St-Zip: Title: MGMR () Delete Title: () Change () Addition MARTIN, RONALD Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: PAUL WILSON MGRM 06/01/2009