

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043022

FILED
Apr 14, 2009
Secretary of State

Entity Name: SQUARE FOOT DEVELOPMENT, LLC

Current Principal Place of Business:

823 SE 35TH AVE
OCALA, FL 34471 US

New Principal Place of Business:

823 SE 35TH AVE
OCALA, FL 344712953 US

Current Mailing Address:

P.O. BOX 5876
OCALA, FL 344785876 US

New Mailing Address:

FEI Number: 84-1709336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KESTENBAUM, PAUL E
823 S.E. 35TH AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

KESTENBAUM, PAUL E
823 S.E. 35TH AVENUE
OCALA, FL 344712953 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: _____

Electronic Signature of Registered Agent

04/14/2009

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KESTENBAUM, PAUL E
Address: 823 S.E. 35TH AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGRM () Delete
Name: KESTENBAUM, LINDA M
Address: 823 S.E. 35TH AVENUE
City-St-Zip: Ocala, FL 34471 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KESTENBAUM, PAUL E
Address: 823 S.E. 35TH AVENUE
City-St-Zip: Ocala, FL 344712953 US

Title: MGRM (X) Change () Addition
Name: KESTENBAUM, LINDA M
Address: 823 S.E. 35TH AVENUE
City-St-Zip: Ocala, FL 344712953 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: PAUL KESTENBAUM

MGRM

04/14/2009

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