


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000045213</b> 1. Entity Name RUECKEL DEVELOPMENT, LLC	
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04162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4795172	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

RUECKEL, KEITH E SR  
5186 EARLY TERRACE  
PORT CHARLOTTE, FL 33981

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000914168

05/08/08-80047-008 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUECKEL, KEITH E SR. 5186 EARLY TERRACE PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUECKEL, JUDITH L 5186 EARLY TERRACE PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUECKEL, SCOTT L 12388 MINOT AVENUE PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUECKEL, SUSAN 12388 MINOT AVENUE PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/08

Date

941-698-0338

Daytime Phone #