2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056618

1. Entity Name
EXECUTIVE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
699 FERNCLIFF DR PORT ORANGE, FL 32127	699 FERNCLIFF DR PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5160596	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POLHEMUS, STEVEN J ESQ
250 S BRIDGE STREET SUITE C
LABELLE, FL 33975

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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)   DATE

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

U000000809860
02/08/08-80038-015 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	WILT, RAY E	
STREET ADDRESS	699 FERNCLIFF DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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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: *Ray E. Welt*   1-21-08 386-255-4255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #