2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# L06000082768

Entity Name: T. & J. LAND DEVELOPMENT, LLC.

Current Principal Place of Business:

6796 BROKEN ARROW RD.
FT. MYERS, FL 33912

New Principal Place of Business:

6796 BROKEN ARROW RD.
FT. MYERS, FL 33912 US

Current Mailing Address:

6796 BROKEN ARROW RD.
FT. MYERS, FL 33912

New Mailing Address:

6796 BROKEN ARROW RD.
FT. MYERS, FL 33912 US

FEI Number: 37-0613731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JAMES C
6796 BROKEN ARROW RD.
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

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 Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: THOMAS, JAMES C
Address: 6796 BROKEN ARROW RD.
City-St-Zip: FT. MYERS, FL 33912

Title: VP ( ) Delete
Name: THOMAS, TERI
Address: 6796 BROKEN ARROW RD.
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: THOMAS, JAMES C
Address: 6796 BROKEN ARROW RD.
City-St-Zip: FT. MYERS, FL 33912 US

Title: VP (X) Change ( ) Addition
Name: THOMAS, TERI
Address: 6796 BROKEN ARROW RD.
City-St-Zip: FT. MYERS, FL 33912 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: TERI THOMAS VP 02/23/2009

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