

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114505

FILED
Apr 26, 2009
Secretary of State

Entity Name: VERACRUZ DEVELOPMENT, LLC

Current Principal Place of Business:

940 CAPE MARCO DRIVE
UNIT 502
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

940 CAPE MARCO DRIVE
UNIT 502
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 20-8018443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETENDRE, RICHARD P
940 CAPE MARCO DRIVE
UNIT 502
MARCO ISLAND, FL 34145 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: MRGM () Delete
Name: THOMPSON, MARK
Address: 620 SOUTHEAST 9TH. ST.
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: EMBERS LAKE ESTATES, LLC
Address: 940 CAPE MARCO DRIVE, UNIT 502
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: BOURBEAU, WILLIAM
Address: 427 SAVOIE DR.
City-St-Zip: PALM BEACH GARDEN, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD P. LETENDRE

RA

04/26/2009

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