2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000117129

1. Entity Name

RTM DEVELOPMENT, LLC



Principal Place of Business

33 PINECREST DRIVE MIAMI SPRINGS, FL 33166

WHEELER, RICHARD L

33 PINECREST DRIVE

Mailing Address

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

33 PINECREST DRIVE MIAMI SPRINGS, FL 33166

FILED Feb 04, 2008 8:00 am Secretary of State

02-04-2008 90137 038 ***138.75



01312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	•			Applied For
NOT APPLICABLE		[Not Applicable
5. Certificate of Status Desired	П	\$5.0	0	Additional

5. Certificate of S

→ **35.00** Addition Fee Required

DO NOT WRITE

MIAMI SPI	RINGS, FL 33166		IN THIS	S SPACE	
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered off	ice or registered agent, or both, in the	State of Florida. I am familiar with, and accept	i
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agen	t signature required when reinstating)	DATE	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. WHEELER, RICHARD L MGRM 33 PINECREST DR. MIAMI SPRINGS, FL 33166		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

SIGNATURE AND TYPES OF REPHASE NAME OF SIGNING MANAGING MEMBER OF AUTHORIZED REDESCRITATOR

1-21-1004

954 972012

Daytime Phone #