

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075977

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** LIFE WELLNESS COMMUNITIES DEVELOPMENT COMPANY, LLC

**Current Principal Place of Business:**

451 APOLLO BEACH BLVD.  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

451 APOLLO BEACH BLVD.  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 26-0627275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONATHAN JAMES DAMONTE, CHARTERED  
12110 SEMINOLE BLVD.  
LARGO, FL 33778 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: MGRM ( ) Delete  
Name: EKLO, MARK  
Address: 451 APOLLO BEACH BLVD.  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM ( ) Delete  
Name: BOWERSOX, JACK  
Address: 1669 CLEARWATER HARBOR DR.  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES:**

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:** MARK EKLO

MGRM

04/30/2009

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