

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075977

**FILED**  
**Jan 05, 2010**  
**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:**

WEST RIVER DEVELOPMENT, LLC  
451 APOLLO BEACH BLVD.  
APOLLO BEACH, FL 33572 US

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:** MARK EKLO

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** EKLO, MARK  
**Address:** 451 APOLLO BEACH BLVD.  
**City-St-Zip:** APOLLO BEACH, FL 33572

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

I hereby 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

01/05/2010

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