2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000008988

Entity Name: ALDEN WOODS DEVELOPMENT, LLC

Current Principal Place of Business:

2647 PROFESSIONAL CIRCLE, SUITE 1201
NAPLES, FL 341198098

New Principal Place of Business:

Current Mailing Address:

2647 PROFESSIONAL CIRCLE, SUITE 1201
NAPLES, FL 341198098

New Mailing Address:

FEI Number: 26-2476484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODLETTE, COLEMAN, ET AL.
4001 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 341198098 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: MGR ( ) Delete
Name: STOCK, BRIAN K
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 341198098

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: VP ( ) Change (X) Addition
Name: IMIG, BOB
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Change (X) Addition
Name: KOCSES, CHAD
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 34119

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: STOCK, BRIAN K MGR 04/27/2009

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