

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000021616

FILED
Mar 11, 2009
Secretary of State**Entity Name:** BRIZES DEVELOPMENT LLC**Current Principal Place of Business:**1964 ANCHORAGE PL.
FERNANDINA, FL 32034**New Principal Place of Business:****Current Mailing Address:**1964 ANCHORAGE PL.
FERNANDINA, FL 32034**New Mailing Address:****FEI Number:** 32-0240575**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRIZES, ROBERT
1964 ANCHORAGE PL.
FERNANDINA, FL 32034 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: BRIZES, ROBERT C
Address: 1964 ANCHORAGE PL.
City-St-Zip: FERNANDINA, FL 32034**Title:** MGRM () Delete
Name: BRIZES, NANCY
Address: 1964 ANCHORAGE PL.
City-St-Zip: FERNANDINA, FL 32034**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: ROBERT C BRIZES

PRES

03/11/2009

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