

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058545

Entity Name: G AND R DEVELOPMENT, LLC

FILED  
Feb 27, 2009  
Secretary of State

## Current Principal Place of Business:

3702 NORTH HWY A1A  
901  
FORT PEIRCE, FL 34949

## New Principal Place of Business:

## Current Mailing Address:

3702 NORTH HWY A1A  
901  
FORT PEIRCE, FL 34949

## New Mailing Address:

FEI Number: 26-2829653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FERRER, GABRIEL  
3702 NORTH HWY A1A  
901  
FORT PIERCE, FL 34949 US

## Name and Address of New Registered Agent:

FERRER, GABRIEL A  
3702 NORTH HWY A1A  
901  
FORT PIERCE, FL 34949 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: GABRIEL A FERRER

02/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FERRER, GABRIEL  
Address: 3702 NORTH HWY A1A  
City-St-Zip: FORT PIERCE, FL 34949

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FERRER, GABRIEL  
Address: 3702 NORTH HWY A1A #901  
City-St-Zip: FORT PIERCE, FL 34949 US

Title: MGRM ( ) Change (X) Addition  
Name: FERRER, MARISOL  
Address: 3702 N HWY A1A #901  
City-St-Zip: FORT PIERCE, FL 34949 US

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: GABRIEL A FERRER

MGR

02/27/2009

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