2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L08000060215

Entity Name: FORTGROUP DEVELOPMENT, LLC

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE SOUTH
STE 304-A
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1301 PLANTATION ISLAND DRIVE SOUTH
STE 304-A
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 25-1913856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M
712 SOUTH OREGON AVENUE
TAMPA, FL 33606 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: FORT, DAVID H
Address: 1301 PLANTATION ISLAND DRIVE SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM ( ) Delete
Name: FORT, CLAUDIA A
Address: 1301 PLANTATION ISLAND DRIVE SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FORT, DAVID H
Address: 1301 PLANTATION ISLAND DR S STE 304 A
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM (X) Change ( ) Addition
Name: FORT, CLAUDIA A
Address: 1301 PLANTATION ISLAND DR S STE 304 A
City-St-Zip: ST. AUGUSTINE, FL 32080

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: DAVID H. FORT MGRM 03/25/2009

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