

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000073

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** OFK DEVELOPMENT AND STEWARDSHIP SERVICES, LLC

**Current Principal Place of Business:**

1001 3RD AVENUE WEST, SUITE 375  
BRADENTON, FL 34205

**New Principal Place of Business:**

1001 3RD AVENUE WEST, SUITE 450  
BRADENTON, FL 34205

**Current Mailing Address:**

1001 3RD AVENUE WEST, SUITE 375  
BRADENTON, FL 34205

**New Mailing Address:**

1001 3RD AVENUE WEST, SUITE 450  
BRADENTON, FL 34205

FEI Number: 26-1626157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WHELAN, JOHN M  
1001 3RD AVENUE WEST, SUITE 375  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

WHELAN, JOHN M  
1001 3RD AVENUE WEST, SUITE 450  
BRADENTON, FL 34205 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:

04/30/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WHELAN, JOHN M  
Address: 1001 3RD AVENUE WEST, SUITE 375  
City-St-Zip: BRADENTON, FL 34205

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WHELAN, JOHN M  
Address: 1001 3RD AVENUE WEST, SUITE 450  
City-St-Zip: BRADENTON, FL 34205

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: JOHN M. WHELAN

MGR

04/30/2009

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