

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000090469

FILED
Jul 29, 2009
Secretary of State**Entity Name:** LN DEVELOPMENT PROPERTIES I, INC.**Current Principal Place of Business:**26381 SOUTH TAMiami TRAIL
SUITE 300
BONITA SPRINGS, FL 34134 US**New Principal Place of Business:****Current Mailing Address:**26381 SOUTH TAMiami TRAIL
SUITE 300
BONITA SPRINGS, FL 34134 US**New Mailing Address:****FEI Number:** 65-0710432**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONROY, J. THOMAS III
CONROY, COLEMAN & HAZZARD, P.A.
2640 GOLDEN GATE PKWY, STE 115
NAPLES, FL 34105 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**OFFICERS AND DIRECTORS:****Title:** D (X) Delete
Name: LAUER, FREIDA
Address: 26381 SOUTH TAMiami TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134**Title:** D () Delete
Name: NASHMAN, JAMES A
Address: 26381 SOUTH TAMiami TRAIL STE 300
City-St-Zip: BONITA SPRINGS, FL 34134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. NASHMAN

D

07/29/2009

Electronic Signature of Signing Officer or Director_____
Date