2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 09, 2005 8:00 am **Secretary of State DOCUMENT # L04000067593** 02-09-2005 90157 029 ****55.00 LAND ASSOCIATES V. L.L.C. Principal Place of Business Mailing Address 2147 PORTER LAKE DRIVE, SUITE B 2147 PORTER LAKE DRIVE, SUITE B 20008862 SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 20-1616193 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAVARY, JOHNSON S JR. Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE Detete TITI F Change ☐ Addition W. F. SCUTT, INC. NAME NAME 17507 WATERLINE ROAD STREET ADDRESS STREET ADDRESS BLADENTON, FL 34212 CITY-ST-ZIP CITY-ST-7IP RICHARD H. ROSENBERG, INC. TITLE TITLE ☐ Change ■ Addition NAME NAME 2147 POTTER LAKE Dr. SUITE B STREET ADDRESS STREET ADDRESS SAM SUTA, FL. 34240 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE KEVIN E. BrUNDAK, INC. NAME NAME 13926 SIENA LOOP STREET ADDRESS STREET ADDRESS Braidenton, FL. 34202 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME LAND A SSOCIATES, L.L.C. 2147 PORTER LAKE Dr. BVITE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAVASOTA, FL. 3424D ☐ Addition Delete ☐ Change TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

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