2007 LIMITED LIABILITY COMPANY

DITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED **ANNUAL REPORT** Jan 31, 2007 08:00 AM **DOCUMENT # L05000007035 Secretary of State** GREAT LAND HOLDINGS, LLC Principal Place of Business Mailing Address 2393 WINDWARD COVE 2393 WINDWARD COVE KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 01252007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2165966 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. DO NOT WRITE **SUITE E, 773 4TH AVENUE NORTH** NAPLES, FL 34102 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Regelered Agent agreture required when remetating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 5. MILE MGR MANE TARDIF, ISABELLE STREET ADDRESS 2393 WINDWARD COVE KISSIMMEE, FL 34748 DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:		(SOURCE)	ney	managel	1-25-07	9548169608
MUNATURE AND TIPED	JK PHENJO	D HAME OF SIGNING MANAGING	MEMBER, OR AUTH	JRIZED REPRESENTATIVE	Date	Daytime Phone #