

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011687

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** NDA LAND ACQUISITIONS/SUMMERLIN, LLC

**Current Principal Place of Business:**

1520 ROYAL PALM SQUARE BOULEVARD STE 360  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

1520 ROYAL PALM SQUARE BOULEVARD STE 360  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 26-0067405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARNOLD, BOWEN A ESQ  
1520 ROYAL PALM SQUARE BLVD.  
SUITE 360  
FORT MYERS, FL 33919 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: MM ( ) Delete  
Name: ARNOLD, BOWEN A  
Address: 1520 ROYAL PALM SQUARE BLVD., SUITE 360  
City-St-Zip: FORT MYERS, FL 33919

Title: MM ( ) Delete  
Name: MILLER, ERIC C  
Address: 1520 ROYAL PALM SQUARE BLVD., SUITE 360  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

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 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: BOWEN A. ARNOLD

MM

04/16/2008

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