2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2007 8:00 am Secretary of State

DOCUMENT # L06000021727 1. Enlity Name AL LAND, LLC						04-17-2007	90253 040 ****	' 50.00
Principal Place 790 HILLBRA LANTANA, FL	TH DRIVE	Mailing Address 790 HILLBRATH DRIVE LANTANA, FL 33462	E US			~ -		
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address	•	<u>.</u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	IMFIM MITER MATTI MÆITT PALIT	I) MAIIM ILANI (IN), EKNIN (IAII II	14361 251	
		·		01302007	Chg-LLC	CR2E083 (12/06		
City & State		City & State		4. FEI Number	439316	.1 / /	opplied For lot Applicable	
Zip	Country	Zip Country		5. Certificate o	of Status Desired	☐ \$5.00 Ac		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	<u>'</u> _	
LOMANGE	NO, ANTHONY			Name				
	RATH DRIVE	Street Address		(P.O. Box Numbe	r is Not Acceptable	3)	•	
							1	
	11.00			City			FL Zip Co	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registere	ed office or registe	red agent, or both	n, in the State of Flo	orida. I am familiar with	n, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO1	TE: Registered	Agent signature require	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007								
Fi D:	ling Fee is \$50.00 ue by May 1, 2007						e check payable to a Department of Sta	ite
9.	ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.	· · · · · ·			a Department of Sta	ite
Di	MANAGING MEMBE MGRM LOMANGINO, ANTHONY 790 HILLBRATH DRIVE	RS/MANAGERS	TITLE NAME STREE	į į		Florida	a Department of Sta	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM LOMANGINO, ANTHONY		TITLE NAME STREI CITY TITLE NAME STREI	E ET ADORESS - ST- ZIP		Florida	Department of Sta	☐ Addilion
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM LOMANGINO, ANTHONY 790 HILLBRATH DRIVE	☐ Delete	TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI STREI STREI STREI	E ET ADORESS - ST- ZIP		Florida	a Department of Sta /CHANGES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGRM LOMANGINO, ANTHONY 790 HILLBRATH DRIVE	□ Delete	TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI STR	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E F ADDRESS -ST-ZIP ET ADDRESS		Florida	a Department of Sta / CHANGES Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM LOMANGINO, ANTHONY 790 HILLBRATH DRIVE	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE STRE STRE STRE STRE STRE STRE STR	E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP		Florida	a Department of Sta / CHANGES Change	Addition Addition Addition

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 11s, Photo a statutes. First 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytone Phone •