

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90463 024 ****50.00

DOCUMENT # L06000093110

1. Entity Name
NORTH CAROLINA LAND DEVELOPMENT LLC



Principal Place of Business
**6331 NORTHWEST 93RD DRIVE
PARKLAND, FL 33067**

Mailing Address
**6331 NORTHWEST 93RD DRIVE
PARKLAND, FL 33067**

40037555



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5588068

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name **PAUL Solomon P.A.**

Street Address (P.O. Box Number is Not Acceptable)

6331 NW 93rd Drive

City **PARKLAND**

FL

Zip Code **33067**

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 *Paul Solomon Managing member*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **SOLOMON, PAUL**
STREET ADDRESS **6331 NORTHWEST 93RD DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **BILELLO, VINCENT**
STREET ADDRESS **6331 NORTHWEST 93RD DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** Delete
NAME **LEVINE, RICHARD**
STREET ADDRESS **6331 NORTHWEST 93RD DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Paul Solomon Managing member*

3/16/07

954-540-6609

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

Date

Daytime Phone #