

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093110

FILED  
Mar 21, 2008  
Secretary of State

**Entity Name:** NORTH CAROLINA LAND DEVELOPMENT LLC

**Current Principal Place of Business:**

6331 NORTHWEST 93RD DRIVE  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

6331 NORTHWEST 93RD DRIVE  
PARKLAND, FL 33067

**New Mailing Address:**

FEI Number: 20-5588068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOLOMON, PAUL P.A.  
6331 NW 93RD DR  
PARKLAND, FL 33067 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: MGR ( ) Delete  
Name: SOLOMON, PAUL  
Address: 6331 NORTHWEST 93RD DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: MGR ( ) Delete  
Name: BILELLO, VINCENT  
Address: 6331 NORTHWEST 93RD DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: ST ( ) Delete  
Name: LEVINE, RICHARD  
Address: 6331 NORTHWEST 93RD DRIVE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL SOLOMON

MGMR

03/21/2008

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