

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000687

FILED
May 22, 2008
Secretary of State

Entity Name: RESTLAWN LAND DEVELOPER, LLC

Current Principal Place of Business:

6850 CHAMPLAIN ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

3653-F FLAKES MILL ROAD, SUITE 184
DECATUR, GA 30034

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WAYNE, MCCOLLORS
6850 CHAMPLAIN RD
JACKSONVILLE, FL 32208 US

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: WAYNE MCCOLLORS

05/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCOLLORS, WAYNE A
Address: 6850 CHAMPLAIN ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: ST (X) Delete
Name: MCCOLLORS, WAYNE A
Address: 6850 CHAMPLAIN ROAD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCOLLORS, WAYNE
Address: 3653-F FLAKES MILL RD, #184
City-St-Zip: DECATUR, GA 30034

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: WAYNE MCCOLLORS

MGR

05/22/2008

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