2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000006352

EHLERT LAND COMPANY, LLC



FILED Jul 14, 2008 08:00 AM Secretary of State

Principal Place of Business

807 SELMA AVENUE SELMA, AL 36701

STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mailing Address

807 SELMA AVENUE SELMA, AL 36701



07102008 No Chg-LLC

CR2E083 (12/07)

١.	FEI Number 20-3657615	
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Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, FLORENCE E

DO NOT WRITE

MARY ESTHER, FL 32569-1524			,	IN THIS SPACE		
	named entity submits this statement for ions of registered agent.	the purpose of cha	ing its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept		
SIGNATURE Signature typed or printed name of registered agent and title d applicable (NOTE Registered			(NOTE Registered Agent signature required when reinstating)	DATE		
FILI Due	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordant liability comp	with s. 607.193(2)(b), F.S., the limited any did not receive the prior notice.			
9.	MANAGING MEMBER	S/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, FLORENCE E 6 LABRISA BEACH CIRCLE MARY ESTHER, FL 325691524			00000954839 4/08-80017-008 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			07/1	4/U8-88017-008 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS	SPACE		
TITLE NAME						

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.