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Secretary of State
03-14-2003 90002 011 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002155

1. Entity Name
VAN LAN DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
2334 E. STATE ROAD 200 SUITE 300 FERNANDINA BEACH FL 32034	2334 E. STATE ROAD 200 SUITE 300 FERNANDINA BEACH FL 32034

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3626912 ☐ Applied For ☐ Not Applicable

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
LANIER, TODD B 2334 E. STATE ROAD 200 SUITE 300 FERNANDINA BEACH FL 32034	Name Todd B. Lanier Street Address (P.O. Box Number is Not Acceptable) 3 RED CEDAR RD City AMELIA ISLAND FL Zip Code 32034

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FALCON FAMILY HOLDINGS, LP ~~8 HICKORY LN.~~ ~~AMELIA ISLAND FL 32034~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALCON FAMILY HOLDINGS, LP 4670 CARLTON Dunes DR. #4 AMELIA ISLAND, FL 32034	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SIMMONS, VANN ~~74 SEA MARSH RD.~~ ~~AMELIA ISLAND FL 32034~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMMONS, VANN 3 LIVE OAK RD. AMELIA ISLAND, FL 32034	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E063 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 2/18/03 904-753-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #