

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000004765

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA LANDS & TIMBER NURSERY, L.L.C.

**Current Principal Place of Business:**

3087 N. COUNTY ROAD 53  
MAYO, FL 32066

**New Principal Place of Business:**

**Current Mailing Address:**

3087 N. COUNTY ROAD 53  
MAYO, FL 32066

**New Mailing Address:**

**FEI Number:** 59-3634978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUCHANAN, MARVIN MGMB  
3087 N. COUNTY ROAD 53  
MAYO, FL 32066 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: MGMB  
Name: BUCHANAN, MARVIN MGMB  
Address: 3087 N. COUNTY ROAD 53  
City-St-Zip: MAYO, FL 32066

I hereby 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: MARVIN BUCHANAN

MGMB

02/21/2011

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