

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90054 026 ***138.75

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DOCUMENT # L00000006352 1. Entity Name TRUSTLAND PARTNERS, LLC					
Principal Place of Business 1200 RIVERPLACE BLVD #902 JACKSONVILLE, FL 32207			Mailing Address 1200 RIVERPLACE BLVD #902 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 120 BENT PINE COURT		3. Mailing Address PO BOX 449			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PONTE VEDRA BEACH FL		City & State PONTE VEDRA BEACH FL		4. FEI Number 59-3650155	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32004		Country USA		6. Name and Address of Current Registered Agent HUDSON, M. ASHTON 1200 RIVERPLACE BLVD STE 902 JACKSONVILLE, FL 32207	
7. Name and Address of New Registered Agent Name M. ASHTON HUDSON Street Address (P.O. Box Number is Not Acceptable) 501 RIVERPLACE BLVD SUITE 902 City JACKSONVILLE		State FL Zip Code 32202			
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 2/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAHL, WILLIAM L 1200 RIVERPLACE BLVD #902 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 BENT PINE COURT PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: William L. Dahl <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/15/08 <small>Date</small>		904-394-5242 <small>Daytime Phone #</small>