
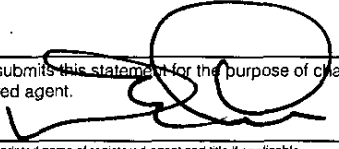
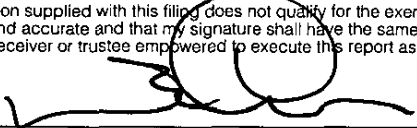


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90027 004 ****50.00

| | | | | | |
|--|--|---------------------------------|---|--|---|
| DOCUMENT # L00000006749 | | | |  | |
| 1. Entity Name CENTURY LAND COMPANY, LLC | | | | | |
| Principal Place of Business 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110 | | | Mailing Address 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. No. suite no. | | | Suite, Apt. #, etc. No suite no. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 04232004 Chg-LLC CR2E083 (10/03) 59-3671217 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LESTER, DONALD E 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34116 | | | | 7. Name and Address of New Registered Agent Name Don E. Lester Street Address (P.O. Box Number is Not Acceptable) No suite no. City FL Zip Code | |
| 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  <u>Don E. Lester</u> <u>4-28-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LESTER, DONALD E 1061 COLLIER CENTER WAY SUITE 15 NAPLES, FL 34110 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AND President Don E. Lester 1061 Collier Center Way (no suite no.) Naples, FL 34110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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:  <u>Don E. Lester</u> <u>4-28-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |

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