

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90268 048 ****50.00

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1. Entity Name

CENTRAL FLORIDA LAND DEVELOPMENT, L.L.C.

Principal Place of Business

1065 GEORGE JENKINS BLVD
LAKELAND FL 33815

Mailing Address

1065 GEORGE JENKINS BLVD
LAKELAND FL 33815

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

59-3712454

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPPE, JOHN D
PETERSON & MEYERS, P.A.
100 EAST MAIN STREET
LAKELAND FL 33801

225 East Lemon St.
Lakeland, FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FISHER, WILLIAM A
STREET ADDRESS 1065 GEORGE JENKINS BLVD
CITY-ST-ZIP LAKELAND FL 33815

TITLE MGR
NAME WELLMAN, WAYNE V
STREET ADDRESS 1065 GEORGE JENKINS BLVD
CITY-ST-ZIP LAKELAND FL 33815

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 19.07(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:

WILLIAM A. FISHER

4.29.02

(813) 606-2263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)