

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L00000007657

1. Entity Name

CENTRAL FLORIDA LAND DEVELOPMENT, L.L.C.



**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90207 024 \*\*\*138.75

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

59-3712454

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

HOPPE, JOHN D  
PETERSON & MEYERS, P.A.  
225 EAST LEMON ST  
LAKELAND FL 33801

RECEIVED

FEB 25 2008

G.C.B.

Name

Joseph A. Geary

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

Ross Vecchie, P.A.

3308 Cleveland Heights

City Lakeland,

FL

Zip Code 33813

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]*

(NOTE: Registered Agent's signature required when registering)

4/28/08

DATE

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Will A. Fisher*

4-28-08

013.68.7263

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

File

Database Product