



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010823 1. Entity Name M & D LAND DEVELOPMENT, L.C.	
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Principal Place of Business 6440 WEST NEWBERRY RD., STE. 409 GAINESVILLE, FL 32605	Mailing Address 6440 WEST NEWBERRY RD., STE. 409 GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE


01222004 No Chg-LLC CR2E083 (10/03)
4. FEI Number
59-3686148 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**THOMPSON, DEREK M.D.
6440 WEST NEWBERRY RD., STE. 409
GAINESVILLE, FL 32605**

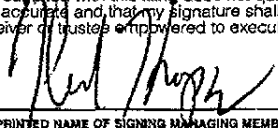
**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M & D LAND DEVELOPMENT, INC. 6440 WEST NEWBERRY RD., STE. 409 GAINESVILLE, FL 32605
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**U000000079789
03/08/04-80082-022 50.00**
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IN THIS SPACE**

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: X  **3/4/04** **352-333-5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #