


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013924**  
 1. Entity Name  
 FLORIDA LAND TRUST SERVICES, LLC



Principal Place of Business      Mailing Address  
 PO BOX 306                              PO BOX 306  
 PALMETTO, FL 34220                      PALMETTO, FL 34220

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 59-7217705	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
 WOODARD, BRENDA  
 1768 ST. ANTHONY DR.  
 CLEARWATER, FL 33579

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHEW, BRIAN
STREET ADDRESS	5107 PALMETTO PT. DR.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	MGRM
NAME	WOODARD, BRENDA
STREET ADDRESS	1768 ST. ANTHONY DR.
CITY-ST-ZIP	CLEARWATER, FL 32759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000743960  
 05/15/07-80130-005 50.00

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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:** Brian Chew      4/25/07 (727) 725-9308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #