

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"/> \$5.00 Additional Fee Required	

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

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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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHEW, BRIAN 5107 PALMETTO PT. DR. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODARD, BRENDA 1768 ST. ANTHONY DR. CLEARWATER, FL 32759
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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