



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000014296		
1. Entity Name 775 LAND DEVELOPMENT, LLC		
Principal Place of Business 3320 BOURBON STREET ENGLEWOOD, FL 34224	Mailing Address 3320 BOURBON STREET ENGLEWOOD, FL 34224	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PATRICK, CARL E 6823 OLD RANCH ROAD SARASOTA, FL 34241		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLOM, PAUL 3320 BOURBON STREET ENGLEWOOD, FL 34224	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPOWAR, JOSEPH 3230 HOLLY AVE ENGLEWOOD, FL 34224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, MICHAEL 1846 GULF BLVD ENGLEWOOD, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWORM, EARL P.O. BOX 519 PLACIDA, FL 33946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARY, KENNETH 3 AMBERJACK COVE CAPE HAZE, FL 33946	
TITLE NAME 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 119.07(3)(j), 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 606, Florida Statutes.		
SIGNATURE: 		3/15/05 94-698-0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Day/Time Phone #



03112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1083692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

U000000270022

03/19/05-80034-019 50.00