## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002298

1. Entity Name

SOUTHERN ATLANTIC LAND HOLDINGS, LLC



FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

1861 PLACIDA RD

SUITE 204

ENGLEWOOD, FL 34223

Mailing Address

1861 PLACIDA RD

SUITE 204 ENGLEWOOD, FL 34223



DO NOT WRITE IN THIS SPACE

01072007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1075760

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D ESQ 1861 PLACIDA RD SUITE 204 ENGLEWOOD, FL 34223 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME GUNDERSON, MIKO P 1861 PLACIDA ROAD #204 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 MGRM DUFF, JAMES T NAME STREET ADDRESS 8252 WILTSHIRE BLVD CITY-ST-ZIP PORT CHARLOTTE, FL 33981 TITLE NAME STHEET ADDRESS CHY-SI-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHTY-ST-ZIP NAME

000000581199 01/10/07-80078-008 50.00

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11. I hereby certify that the information subplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes 1 further certify that the information indicated on this report is the 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 of the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

1-7-07 941

Daytime Phone #