

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009468

FILED
Mar 30, 2006
Secretary of State

Entity Name: LEAF AND HAND LAND, LLC

Current Principal Place of Business:

3538 EMERALD AVE.
ST. JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

3538 EMERALD AVE.
ST. JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 65-1121584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAF, JENNIFER
3583 EMERALD AVE
ST JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEAF, JENNIFER J
Address: 3538 EMERALD AVE.
City-St-Zip: ST. JAMES CITY, FL 33956

Title: MGRM () Delete
Name: LEAF, JEFFREY A
Address: 2487 20TH AVE.
City-St-Zip: BALDWIN, WI 54002

Title: MGRM () Delete
Name: HAND, LINDA S
Address: 11891 ISLAND AVE.
City-St-Zip: MATLACHA, FL 33993

Title: MGRM () Delete
Name: HAND, DENNIS M
Address: 3583 EMERALD AVE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: MGRM () Delete
Name: LEAF, JANE K
Address: 2487 20TH AVE
City-St-Zip: BALDWIN, WI 54002

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER LEAF

MS

03/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date