


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 048 ****55.00

DOCUMENT # L01000009507 1. Entity Name 633 LAND DEVELOPMENT, LLC			
Principal Place of Business 42 NORTH SWINTON AVE., STE. 1 DELRAY BEACH FL 33444		Mailing Address 42 NORTH SWINTON AVE., STE. 1 DELRAY BEACH FL 33444	
2. Principal Place of Business 4933 N. Tamiami Trail Suite, Apt. #, etc. # 300 City & State Naples, FL Zip 34103		3. Mailing Address 4933 N. Tamiami Trail Suite, Apt. #, etc. # 300 City & State Naples FL Zip 34103	
Country USA		Country USA	
6. Name and Address of Current Registered Agent STOFFT, RANDALL E 42 N SWINTON AVE, STE 1 DELRAY BEACH FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOFFT, RANDALL E 42 NORTH SWINTON AVE., STE. 1 DELRAY BEACH FL 33444 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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1st MOORE CR2E083 (10/04)

4. FEI Number **65-1149798** Applied For
Not Applicable

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

1/31/05

Date

Daytime Phone #