2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000009507

1. Entity Name 633 LAND DEVELOPMENT, LLC



Principal Place of Business

4933 N. TAMIAMI TRAIL

#300

NAPLES, FL 34103

Mailing Address

4933 N. TAMIAMI TRAIL #300

NAPLES, FL 34103

FILED Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90016 015 ****55.00



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1149798 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STOFFT, RANDALL E 42 N SWINTON AVE, STE 1 DELRAY BEACH, FL 33444

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| | named entity submits this statement for the purpose of changing its registere ons of registered agent | d office or registered agent, or both, in the St | tate of Florida. I am familiar with, and accept |
|---|---|--|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | |
| Fi D | ling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGRM | | |
| NAME | STOFFT, RANDALL E | | • |
| STREET ADDRESS | 42 NORTH SWINTON AVE., STE. 1 | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | | |
| TITLE | MGRM | | |
| NAME | Donald F. Gurrett 11 43.00 | | |
| STREET ADDRESS | 4933 N. Tumiami 1 Mil #300 | | |
| CITY-ST-ZIP | Donald F. Gurrett 4933 N. Tumiami Tail #300 Nuples FL 3410] | | |
| TITLE | | | |
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| NAME | | | |

11. I hereby certify that the information sopplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

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

01-11-07

239.643.2900

Daytime Pho