2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L01000017812

Entity Name: NORTH FLORIDA LAND VENTURES, LLC

Current Principal Place of Business:

12469 W SR 100
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 238
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 59-3754846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERTS, AVERY C
12469 W SR 100
LAKE BUTLER, FL 32054 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: P ( ) Delete
Name: ROBERTS, AVERY C
Address: P. O. BOX 233
City-St-Zip: LAKE BUTLER, FL 32054

Title: V ( ) Delete
Name: AGRICOLA, WILLIAM L
Address: 914 ATLANTIC AVE STE 2A
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V ( ) Delete
Name: SHADD, JOHN L
Address: P O BOX 506
City-St-Zip: LAKE BUTLER, FL 32054

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:

I hereby certify that the information supplied with this filing does not qualify 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: AVERY C. ROBERTS P 03/31/2009

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