

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017812

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**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  
**Name:** ROBERTS, AVERY C  
**Address:** P. O. BOX 233  
**City-St-Zip:** LAKE BUTLER, FL 32054

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

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

I hereby 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

03/29/2011

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