

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017978	
1. Entity Name HADDAM LAND INVESTORS, LLC	
Principal Place of Business 1601 BELVEDERE ROAD 407 SOUTH WEST PALM BEACH, FL 33406 US	Mailing Address 1601 BELVEDERE ROAD 407 SOUTH WEST PALM BEACH, FL 33406 US



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145463	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MEYER, WILLIAM A
1601 BELVEDERE ROAD
407 SOUTH
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000079772
03/08/04-80082-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYER, WILLIAM A
STREET ADDRESS	1601 BELVEDERE RD STE 407 S
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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

William A. Meyer March 1, 2004 561-689-6602

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

Date

Daytime Phone #