

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90192 002 \*\*\*\*50.00

**DOCUMENT # L01000021688**

1. Entity Name  
**LAND ACQUISITIONS, LLC**



Principal Place of Business

**970 WEST MCNAB ROAD  
100  
FORT LAUDERDALE, FL 33309 US**

Mailing Address

**1001 WEST CYPRESS CREEK ROAD, SUITE-320  
FORT LAUDERDALE, FL 33309**

**24009258**



2. Principal Place of Business

**2295 NW CORPORATE BLVD #235  
SUITE, APT. #, etc.  
235**

3. Mailing Address

**625 OAKS DR.  
SUITE, APT. #, etc.  
605**

01292004 Chg-LLC CR2E083 (10/03)

City & State

**BOCA RATON, FL**

City & State

**POMPANON BEACH, FL**

4. FEI Number

**26-0000183**

Applied For

Not Applicable

Zip

**33431**

Country

**USA**

Zip

**33069**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**LINZNER, BETH E  
1001 WEST CYPRESS CREEK ROAD  
SUITE 320  
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2295 NW CORPORATE BLVD.  
235**

City

**BOCA RATON**

FL

Zip Code

**33431**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/29/04**

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **LINZNER, BETH E**  
STREET ADDRESS **1001 WEST CYPRESS CREEK ROAD, SUITE 320**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2295 NW CORPORATE BLVD #235**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

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

Date

Daytime Phone #

**1/29/04 (561) 999-9300**