

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000006907

1. Entity Name
CESSNA LANDING DEVELOPMENT, LLC



Principal Place of Business

**4300 LEGENDARY DR
SUITE 204
DESTIN, FL 32541**

Mailing Address

**4300 LEGENDARY DR
SUITE 204
DESTIN, FL 32541**



01262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755013

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLSON, RICHARD
4300 LEGENDARY DR
SUITE 204
DESTIN, FL 32541**

**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, 2007**

U00000708778
04/24/07-80130-004 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--|
| TITLE | MGRM |
| NAME | OLSON & ASSOCIATES OF NW FLORIDA, INC. |
| STREET ADDRESS | 4300 LEGENDARY DR STE 204 |
| CITY-ST-ZIP | DESTIN, FL 32541 |

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| STREET ADDRESS | |
| 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 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.

SIGNATURE: _____

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

4-6-07

Date

850-650-7858

Daytime Phone #