


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000011726</b> 1. Entity Name <b>ESCAMBIA LAND DEVELOPMENT COMPANY, L.L.C.</b>	
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Principal Place of Business  
**7920 CENTURY BLVD.  
CENTURY, FL 32535**

Mailing Address  
**3421 HIGHWAY 4 WEST  
CENTURY, FL 32535**



04262005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0044404**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOOTH-MORAN, JULIE L  
THE REVOCABLE TRUST OF JULIE LYNN BOOTH  
3421 HIGHWAY 4 WEST  
CENTURY, FL 32535**

**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, 2005**

U000000355737  
05/04/05-80007-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOOTH-MORAN, JULIE L 3421 HIGHWAY 4 WEST CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORAN, WALLACE D 3421 HIGHWAY 4 WEST CENTURY, FL 32535
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**DO NOT WRITE  
IN THIS SPACE**

12. 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:** Julie L. Booth-Moran  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4-26-05  
Date

Daytime Phone # \_\_\_\_\_