


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**


04-21-2005 90027 021 \*\*\*\*50.00

<b>DOCUMENT # L02000012476</b>	
1. Entity Name <b>PROMISED LAND HOLDINGS, L.L.C.</b>	

Principal Place of Business <b>1033 HOMEWOOD AVENUE MELBOURNE, FL 32940</b>	Mailing Address <b>1033 HOMEWOOD AVENUE MELBOURNE, FL 32940</b>
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**20039630**

2. Principal Place of Business <b>936 Carriage Hill Rd</b>	3. Mailing Address <b>936 Carriage Hill Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Melbourne, FL</b>	City & State <b>Melbourne, FL</b>
Zip <b>32940</b>	Country <b>USA</b>

	
04182005 Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>04-3672177</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>STACEY W. PELCHAT 1033 HOMEWOOD AVE. MELBOURNE, FL 32940</b>	

7. Name and Address of New Registered Agent	
Name <b>Stacey W. Pelchat</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>936 Carriage Hill Rd</b>	
City <b>Melbourne</b>	FL Zip Code <b>32940</b>

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 <b>SPelchat</b>	DATE
(NOTE: Registered Agent signature required when constituting)	

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PELCHAT, STACEY W 1033 HGOMEWOOD AVE. MELBOURNE, FL 32940</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>936 Carriage Hill Rd.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>SPelchat</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	