

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90003 005 ****50.00

DOCUMENT # L02000015116

1. Entity Name
TOTAL LAND MANAGEMENT COMPANY, LLC



Principal Place of Business
122 LINSLEY AVENUE
STE A
BRANDON, FL 33511 US

Mailing Address
122 LINSLEY AVENUE
STE A
BRANDON, FL 33511 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
03-0461096

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYLIE, WARREN W II
122 LINSLEY AVENUE
BRANDON, FL 33511

Name

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

City

FL

Zip Code

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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME BEKHER, DAVID
STREET ADDRESS 3505 BERGER RD.
CITY-ST-ZIP LUTZ, FL 33511

TITLE MGRM ☒ Change ☐ Addition
NAME Belkor, David
STREET ADDRESS 1810 W. Bearss Avenue
CITY-ST-ZIP Tampa, FL 33613

TITLE VP ☐ Delete
NAME WYLIE, WARREN II
STREET ADDRESS 122 LINSLEY AVENUE STE A
CITY-ST-ZIP BRANDON, FL 33511

TITLE MGR ☒ Change ☐ Addition
NAME Wylie, Warren, II
STREET ADDRESS 510 Coulter Park Rd.
CITY-ST-ZIP Seffner, FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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: Warren W. Wylie II 4/6/04

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

Date

(813) 657-4914

Daytime Phone #