


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000015116 1. Entity Name TOTAL LAND MANAGEMENT COMPANY, LLC	
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Principal Place of Business 122 LINSLEY AVENUE STE A BRANDON, FL 33511 US	Mailing Address 122 LINSLEY AVENUE STE A BRANDON, FL 33511 US
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01202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0461096	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 WYLIE, WARREN W II 122 LINSLEY AVENUE BRANDON, FL 33511

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEKHER, DAVID 1810 W BEARSS AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYLIE, WARREN II 510 CAULDER PARK RD SEFFNER, FL 33594
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<p>000000242917 02/24/05 80082-015 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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** **1/20/05** **(813) 657-4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #