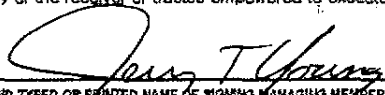


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015375		
1. Entity Name LOOP LAND DEVELOPMENT, L.C.		
Principal Place of Business 12164 TAMiami TRAIL PUNTA GORDA, FL 33955	Mailing Address 12164 TAMiami TRAIL PUNTA GORDA, FL 33955	
DO NOT WRITE IN THIS SPACE		
		01172006No Chg-LLC CR2E083 (11/05)
4. FEI Number 01-0725728		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent YOUNG, JERRY T 12164 TAMiami TRAIL PUNTA GORDA, FL 33955		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, type or printed name of registered agent and fill in if applicable (NOTE: Registered Agent signature required when reissuing.) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST YOUNG, JERRY T 12164 TAMiami TRAIL PUNTA GORDA, FL	00000404349 02/06/06-80042-016 55.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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		1-23-06 94 637-3723 Date Day-Mo Phone #