


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90073 018 ****50.00

DOCUMENT # L02000025808	
1. Entity Name KAYLA'S LANDING, LLC	

Principal Place of Business 2801 FRUITVILLE RD., STE. 100 SARASOTA, FL 34237	Mailing Address 2801 FRUITVILLE RD., STE. 100 SARASOTA, FL 34237
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2. Principal Place of Business - No P.O. Box # 1800 2nd Street	3. Mailing Address 1800 2nd Street
Suite, Apt. #, etc. Suite 901	Suite, Apt. #, etc. Suite 901
City & State Sarasota, Florida	City & State Sarasota, Florida
Zip 34236	Country USA



04232007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent HRIC, MICHAEL 2801 FRUITVILLE RD., STE. 100 SARASOTA, FL 34237	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1800 2nd Street, Suite 901	
City Sarasota	FL Zip Code 34236


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, MOLLIE B 1452 HILLVIEW DRIVE SARASOTA, FL 34239 <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 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:  **4/27/07**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #