


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2005 90028 001 ****50.00

DOCUMENT # L02000027517					
1. Entity Name FLORIDA LAND ENTERPRISES, LLC					
Principal Place of Business 1396 SOUTH BABCOCK STREET MELBOURNE, FL 32901 US			Mailing Address 1396 SOUTH BABCOCK STREET MELBOURNE, FL 32901 US		
2. Principal Place of Business 145 ORLANDO BLVD		3. Mailing Address 145 ORLANDO BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INDIALANTIC, FL		City & State INDIALANTIC, FL			
Zip 32903		Country BREVARD		Zip 32903	
Country BREVARD		4. FEI Number 05-0535686			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALLEN, KENNETH E 1396 SOUTH BABCOCK STREET MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name ALLEN, KENNETH E. Street Address (P.O. Box Number is Not Acceptable) 145 ORLANDO BLVD. City INDIALANTIC FL Zip Code 32903		
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, KENNETH E 1396 SOUTH BABCOCK STREET MELBOURNE, FL 32901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 145 ORLANDO BLVD. INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, ROBERT A 1396 SOUTH BABCOCK STREET MELBOURNE, FL 32901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 145 ORLANDO BLVD. INDIALANTIC, FL 32903	
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	
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: L. G. Allen			Date: 4-19-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		