


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000029463 1. Entity Name FIVE LAND GROUP, LLC	
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Principal Place of Business 33202 FAIRWAY ROAD LEESBURG, FL 34788	Mailing Address 33202 FAIRWAY ROAD LEESBURG, FL 34788
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4220662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHRISTENSEN, GERALD K 33202 FAIRWAY ROAD LEESBURG, FL 34788
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**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

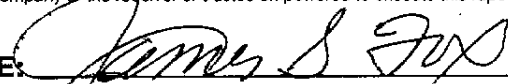
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOX, JAMES S 702 EAST MICHIGAN STREET MOUNT PLEASANT, MI 48858
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/09/05-80070-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **James S. Fox** **April 6, 2005** **989-773-3460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #