


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90072 041 \*\*\*138.75

<b>DOCUMENT # L02000029463</b> 1. Entity Name <b>FIVE LAND GROUP, LLC</b>					
Principal Place of Business <b>33202 FAIRWAY ROAD LEESBURG, FL 34788</b>			Mailing Address <b>33202 FAIRWAY ROAD LEESBURG, FL 34788</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>702 East Michigan Street</b> Suite, Apt. #, etc.			
City & State		City & State <b>Mt. Pleasant, MI 48858</b>		4. FEI Number <b>13-4220662</b>	
Zip		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>CHRISTENSEN, GERALD K</b> <b>33202 FAIRWAY ROAD</b> <b>LEESBURG, FL 34788</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FOX, JAMES S</b> <b>702 EAST MICHIGAN STREET</b> <b>MOUNT PLEASANT, MI 48858</b>		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	
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 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.					
<b>SIGNATURE:</b> <u>James S Fox</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			June 19, 2008		989-773-3460 <small>Daytime Phone #</small>

50007908



ATTACHMENT  
50007908FLORIDA DEPARTMENT OF STATE  
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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** L02000029463

**Business Entity Name** FIVE LAND GROUP, LLC

**Original File Date** 11/05/2002

**FEI Number** 13-4220662

**Principal Address** 33202 FAIRWAY ROAD  
LEESBURG, FL 34788

**Mailing Address** 33202 FAIRWAY ROAD  
LEESBURG, FL 34788

702 East Michigan  
Mt. Pleasant, MI 48858

**Registered Agent** GERALD K CHRISTENSEN  
33202 FAIRWAY ROAD  
LEESBURG, FL 34788 US

### Managing Member/Manager Name And Address

MGRM  
JAMES S FOX  
702 EAST MICHIGAN STREET  
MOUNT PLEASANT, MI 48858

- ☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes