


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90435 040 ****50.00

DOCUMENT # L02000031340 1. Entity Name IRON HORSE LAND COMPANY, LLC	
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Principal Place of Business 307 DIVISION AVE. ORMOND BEACH, FL 32174	Mailing Address 307 DIVISION AVE. ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3766187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CROTTY, KATHLEEN L.
CROTTY & BARTLETT, P.A.
1800 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 32114**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENLAND, MELISSA 307 DIVISION AVENUE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENS, SALLY 730 SANTA ANA AVE. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERENKE, ROBERT 307 DIVISION AVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Irene Lipsey 307 DIVISION AVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Irene Lipsey **3-23-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Irene Lipsey