

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000001866

1. Entity Name
**VAN FLEET INTERNATIONAL AIRPORT DEVELOPMENT
GROUP LLC**



Principal Place of Business
103 SOUTH NINTH AVE
WAUCHULA, FL 33873

Mailing Address
103 SOUTH NINTH AVE
WAUCHULA, FL 33873



04282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0583550

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
150 SECOND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STAR-LAND DEV GROUP LLC
STREET ADDRESS	111 2ND AVE NE, STE 917
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000559128
05/17/06-80124-019 50.00

**DO NOT WRITE
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: _____

John W Reed

4/28/06 727.895, 512.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #