

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002383

FILED
Jul 13, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA LAND HOLDINGS, LLC

Current Principal Place of Business:

1490 S.E. MAGNOLIA AVENUE EXTENSION
OCALA, FL 34471

New Principal Place of Business:

1818 SW 15TH AVE
OCALA, FL 34474

Current Mailing Address:

1490 S.E. MAGNOLIA AVENUE EXTENSION
OCALA, FL 34471

New Mailing Address:

PO BOX 6200
OCALA, FL 34478

FEI Number: 35-4524520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUTCH, R. WILLIAM
610 S.E. 17TH STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

CAIN, JOHN M MEMBER
1818 SW 15TH AVE
OCALA, FL 34474 US

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.

SIGNATURE: JOHN M. CAIN, JR., M.D.

07/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CAIN, JOHN M
Address: 1490 S.E. MAGNOLIA AVENUE EXTENSION
City-St-Zip: Ocala, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAIN, JOHN M
Address: 1818 SW 15TH AVE
City-St-Zip: Ocala, FL 34478

Title: MGR () Change (X) Addition
Name: YAP, MARK A
Address: 1818 SW 15TH AVE
City-St-Zip: Ocala, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 M. CAIN, JR. M.D.

MGR

07/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date