

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003197

Entity Name: USAPIONEERLAND.COM LLC

FILED  
May 22, 2006  
Secretary of State

## Current Principal Place of Business:

911 TOWHEE COURT  
CELEBRATION, FL 34747

## New Principal Place of Business:

P.O. BOX 470815  
CELEBRATION, FL 34747

## Current Mailing Address:

911 TOWHEE COURT  
CELEBRATION, FL 34747

## New Mailing Address:

P.O. BOX 470815  
CELEBRATION, FL 34747

FEI Number: 26-1570093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FORTIER, SONYA L  
911 TOWHEE COURT  
CELEBRATION, FL 34747      US

## Name and Address of New Registered Agent:

FORTIER, SONYA L  
P.O. BOX 470815  
CELEBRATION, FL 34747      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: SONYA FORTIER

05/22/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: FORTIER, SONYA L  
Address: 911 TOWHEE COURT  
City-St-Zip: CELEBRATION, FL 34747 US

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: FORTIER, SONYA L  
Address: P.O. BOX 470815  
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SONYA FORTIER

MGR

05/22/2006

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