2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/9.

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-09-2004 90191 010 ****50.00

DOCUMENT # L03000006031

1. Entity Name

UNITED LAND ACQUISITION, L.L.C.

Principal Place of Business	Mailing Address
2180 WEST FIRST STREET, STE. 212 FORT MYERS FL 33901	2180 WEST FIRST STREET, STE. 212 FORT MYERS FL 33901

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 30-016 2904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired — ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RANDOLPH, MICHAEL D ESQ 1619 JACKSON STREET FORT MYERS FL 33901	Name: DANIEL F. ADAMS SR. Street Address (P.O. Box Number is Not Acceptable): 2180 WEST FIRST STREET, SUITE 212 City: FT. MYERS FL Zip Code: 33901

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: D. F. Adams DANIEL F. ADAMS SR. PRESIDENT Jan 31, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DANIEL F. ADAMS SR. 2180 WEST FIRST STREET, SUITE 212 FT. MYERS, FL 33901	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ROBERT K. HUGHES 2180 WEST FIRST STREET, SUITE 212 FT. MYERS, FL 33901	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASUROR DONALD B. FISHER 2180 WEST FIRST STREET, SUITE 212 FT. MYERS, FL 33901	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: D. F. Adams DANIEL F. ADAMS FEB. 19, 2004 (239) 334-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #