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

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

MOORE CR2E083 (11/03)

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

RANDOLPH, MICHAEL D ESQ
1619 JACKSON STREET
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

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: [signature] DANIEL F. ADAMS SR. PRESIDENT — Jan 31, 2004 (DATE)

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DANIEL F. ADAMS SR.	NAME	
STREET ADDRESS	2180 WEST FIRST STREET, SUITE 212	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33901	CITY-ST-ZIP	
TITLE	SECRETARY ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBERT K. HUGHES	NAME	
STREET ADDRESS	2180 WEST FIRST STREET, SUITE 212	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33901	CITY-ST-ZIP	
TITLE	TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DONALD B. FISHER	NAME	
STREET ADDRESS	2180 WEST FIRST STREET, SUITE 212	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33901	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 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 #