

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008187

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: ANVIL LAND COMPANY, LLC

**Current Principal Place of Business:**

2240 W. FIRST ST.  
SUITE 105  
FORT MYERS, FL 33901

**New Principal Place of Business:**

2240 WEST FIRST ST.  
SUITE 105  
FORT MYERS, FL 33901

**Current Mailing Address:**

2240 W. FIRST ST.  
SUITE 105  
FORT MYERS, FL 33901

**New Mailing Address:**

2240 WEST FIRST ST.  
SUITE 105  
FORT MYERS, FL 33901

FEI Number: 43-2002652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARGANO, ANTHONY J  
2240 WEST FIRST STREET  
SUITE 105  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARGANO, ANTHONY J  
Address: 2240 WEST FIRST STREET, #105  
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGR ( ) Delete  
Name: WALLACE, KENNETH A  
Address: 998 E. COWBOY WAY  
City-St-Zip: LABELLE, FL 33935 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY J GARGANO

MGR

04/22/2008

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