

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90174 010 ****55.00

DOCUMENT # L03000012423

1. Entity Name
ILS LAND ACQUISITION COMPANY, LLC



Principal Place of Business
52 MAIN STREET
FLEMINGTON, NJ 08822 US

Mailing Address
52 MAIN STREET
FLEMINGTON, NJ 08822 US

20013141



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
11-3686977

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

IVERSON, PAUL O
1207 CAPE CORAL PARKWAY EAST
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name **LANGER DOV**
Street Address (P.O. Box Number is Not Acceptable) **4619 SW 35th Place**
City **CAPE CORAL** FL **33914**

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 (NOTE: Registered Agent signature required when reinstating)

5/17/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STRAUSS, JOE
63 MAIN STREET
FLEMINGTON, NJ 08822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LANGER, DOV
52 MAIN STREET
FLEMINGTON, NJ 08822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MGRM~~
~~IVERSON, PAUL~~
~~1207 CAPE CORAL PARKWAY EAST~~
~~CAPE CORAL, FL 33904~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/17/05 239-540-3833
Date Daytime Phone #