

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000019274

1. Entity Name
ABSOLUTE LAND COMPANY, L.L.C.



Principal Place of Business
7603 SADDLE CREEK TRAIL
SARASOTA, FL 34241

Mailing Address
7603 SADDLE CREEK TRAIL
SARASOTA, FL 34241



01112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0470684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN ESQ
DOOLEY & DRAKE, P.A.
1432 FIRST ST.
SARASOTA, FL 34236

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SCHALLER, JOHN
STREET ADDRESS 7603 SADDLE CREEK TRAIL
CITY-ST-ZIP SARASOTA, FL 34241

TITLE MGR
NAME SCHALLER, MICHELE
STREET ADDRESS 7603 SADDLE CREEK TRAIL
CITY-ST-ZIP SARASOTA, FL 34241

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01/26/07-80020-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michele Schaller michèle Schaller 1-22-07 9419245594