

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000021858

FILED
Jan 23, 2006
Secretary of State**Entity Name:** CERTIFIED LAND DEVELOPERS, LLC**Current Principal Place of Business:**1550 LATHAM ROAD
3
WEST PALM BEACH, FL 33409**New Principal Place of Business:****Current Mailing Address:**1550 LATHAM ROAD
3
WEST PALM BEACH, FL 33409**New Mailing Address:****FEI Number:** 20-1173370**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONDEMI, JOSEPH A
1550 LATHAM ROAD
3
WEST PALM BEACH, FL 33409 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: CONDEMI, JOSEPH A
Address: 1550 LATHAM ROAD, STE. 3
City-St-Zip: WEST PALM BEACH, FL 33409Title: MGR () Delete
Name: CHACON, MICHAEL A
Address: 1550 LATHAM ROAD, STE. 3
City-St-Zip: WEST PALM BEACH, FL 33409Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR () Change (X) Addition
Name: CONDEMI, CINZIA
Address: 1550 LATHAM ROAD, STE.3
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH A. CONDEM

MGR

01/23/2006

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