

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90352 011 \*\*\*\*50.00

**DOCUMENT # L03000023983**

1. Entity Name  
**FIRST LAND NORTH LLC**



Principal Place of Business  
**P.O. BOX 1601  
COCONUT GROVE, FL 33133**

Mailing Address  
**P.O. BOX 1601  
COCONUT GROVE, FL 33133**

**24050291**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**61-7458511**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DIAZ, RICHARD~~  
~~2801 N. PONCE DE LEON BLVD.~~  
~~ST. AUGUSTINE, FL 32084-1648~~

Name **JAMES E. TICE**

Street Address (P.O. Box Number is Not Acceptable)

**16220 SW 28TH ST**

**HOMESTEAD**

City **HOMESTEAD**

FL Zip Code **33031**

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

*James E. Tice*

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

(NOTE: Registered Agent signature required when reinstating)

**2/3/04**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete  
NAME **DIAZ, RICHARD**  
STREET ADDRESS **2801 N. PONCE DE LEON BLVD.**  
CITY - ST - ZIP **ST. AUGUSTINE, FL 32084-1648**

TITLE ☒ Change ☐ Add  
NAME **P.O. Box 1601**  
STREET ADDRESS **COCONUT GROVE FLA 33132**  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Add  
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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]*