

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90080 033 \*\*\*\*\*55.00

**DOCUMENT # L03000027751**

1. Entity Name  
**CANNON RANCH - FLORIDA, LLC**



Principal Place of Business  
**ATTN: LAWRENCE J. BAILIN**  
**401 EAST JACKSON STREET, SUITE 2200**  
**TAMPA, FL 33602**

Mailing Address  
**ATTN: LAWRENCE J. BAILIN**  
**401 EAST JACKSON STREET, SUITE 2200**  
**TAMPA, FL 33602**

**64001410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**05-0601891**

☒ Applied For

☐ Not Applicable

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

**BAILIN, LAWRENCE J**  
**401 EAST JACKSON STREET, SUITE 2200**  
**TAMPA, FL 33602**

Name

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

City

**FL**

Zip Code

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**NEW CITIES LAND COMPANY, INC.**  
**100 PASADERA DRIVE**  
**MONTEREY, CA 93940**

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

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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:

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

**4-28-04**

Date

**831-655-5000**

Daytime Phone #