

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90014 023 \*\*\*138.75

<b>DOCUMENT # L03000030467</b> 1. Entity Name <b>ALACHUA LAND INVESTORS, LLC</b>			
Principal Place of Business <b>5538-A NW 43RD ST</b> <b>GAINESVILLE, FL 32653</b>		Mailing Address <b>5538-A NW 43RD ST</b> <b>GAINESVILLE, FL 32653</b>	
2. Principal Place of Business - No P.O. Box # <b>324 NW 154th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>324 NW 154th Street</b> Suite, Apt. #, etc.	
City & State <b>Newberry, FL</b> Zip <b>32669</b>		City & State <b>Newberry, FL</b> Zip <b>32669</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>20-0155107</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROSS, LARRY J</b> <b>5538-A NW 43RD ST</b> <b>GAINESVILLE, FL 32653</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number if Not Applicable) <b>324 NW 154th Street</b> City <b>Newberry, FL</b> Zip Code <b>32669</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>P</b> NAME <b>ROSS, LARRY J</b> STREET ADDRESS <b>2604 NW 162ND ST</b> CITY-ST-ZIP <b>NEWBERRY, FL 32669</b>	<input type="checkbox"/> Delete	TITLE <b>324 NW 154th Street</b> NAME <b>Newberry, FL 32669</b> STREET ADDRESS <b>324 NW 154th Street</b> CITY-ST-ZIP <b>Newberry, FL 32669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>ROSS, BONNIE L</b> STREET ADDRESS <b>2604 NW 162ND ST</b> CITY-ST-ZIP <b>NEWBERRY, FL 32669</b>	<input type="checkbox"/> Delete	TITLE <b>324 NW 154th Street</b> NAME <b>Newberry, FL 32669</b> STREET ADDRESS <b>324 NW 154th Street</b> CITY-ST-ZIP <b>Newberry, FL 32669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Bonnie L Ross Bonnie L Ross</b> <b>4/18/08</b> <b>352-472-6610</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			