2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 08, 2007 8:00 am Secretary of State DOCUMENT # L03000035172 1. Entity Namo 02-08-2007 90143 007 ****50.00 LAND & HOME LLC Principal Place of Business Mailing Address 18582 CORTEZ BLVD. 18582 CORTEZ BLVD. **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, ctc. 1st MOORE CR2E083 (10/06) 20375 Cortez Blud 20375 Cortez Blvd 4. FEI Number Applied For 26-0071770 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEATON, MARSHA H Street Address (P.O. Box Number is Not Acceptable) 20375 CORTEZ BLVD **BROOKSVILLE FL 34601** City 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, typed or printed traine of registered agent and title if applicable. (NO1) Registered Agent segulative required when reinstatum 114(1 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HIII Delete TITLE Change ☐ Addition NAMI WHEATON, MARSHA H NAMI 20375 Corten Blud STREET ADDRESS 10975 CORTREZ BLVD STREET LADORESS CHY SL ZIP CHY ST 7P **BROOKSVILLE FL 34601** HILL. ☐ Delete HILL Change ■ Addition NAM NAME STREET ADORESS STREET ADDRESS CHY-ST ZIP CHY ST ZIP HILL ☐ Delete 11111 Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS तार-शामा THIE ☐ Defete HILL Change ☐ Addition STRUTT ADDRESS STREET LADORESS CHY ST-ZIP CHY S1 7IP DHE Delete □ Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY SE ZIP CHY ST 7/P 1011 ☐ Delete TIME Change ☐ Addition NAMI NAME STREET ADDRESS STRUET ADDRESS CITY-S1-ZIP CHY-SI-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

UTHORIZED REPRESENTATIVE

FILED