2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2005
Secretary of State

DOCUMENT# L03000038888

Entity Name: RP LAND DEVELOPMENT, LLC

Current Principal Place of Business:

2509 WILLOW LANE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

2509 WILLOW LANE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 14-1898640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PUROHIT, DILIP
2509 WILLOW LANE
LYNN HAVEN, FL 32444 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: MGRM ( ) Delete
Name: PUROHIT, DILIP
Address: 2509 WILLOW LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete
Name: PUROHIT, RAJNI
Address: 2509 WILLOW LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete
Name: REDDY, PRATIBHA
Address: 3007 KINGS HARBOUR RD.
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete
Name: REDDY, SUDHAKAR
Address: 3007 KINGS HARBOUR RD.
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DILIP PUROHIT MDRM 07/03/2005

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