2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000040536



FILED

Jan 11, 2007 8:00 am Secretary of State

01-11-2007 90128 030 ****55.00 LAND ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 200000540 2147 PORTER LAKE DRIVE, SUITE B 2147 PORTER LAKE DRIVE, SUITE B SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 54-2130396 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAVARY, JOHNSON S JR ESQ Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 1990 MAIN STREET 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 il applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ☐ Delete Change ■ Addition W.F. SCUTT, INC. NAME NAME 17507 WATERLINE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34212 MGR ☐ Delete ☐ Change ☐ Addition RICHARD H. ROSENBERG, INC. NAME NAME STREET ADDRESS 2147 PORTER LAKE DRIVE, SUITE B STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP MGR Change TITLE ☐ Delete TITLE Addition KEVIN E. BRUNDAGE, INC. NAME NAME 7423 GREYSTONE STREET STREET ADDRESS 13926 CIENNA LOOP STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

ICHARD H. KOSENBELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAG

STREET ADDRESS

CITY-ST-ZIP

371-9800