## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L03000040630** 02-09-2005 90157 025 \*\*\*\*55.00 1. Entity Name LAND ASSOCIATES I. L.L.C. Principal Place of Business Mailing Address 2147 PORTER LAKE DRIVE, STE. B 2147 PORTER LAKE DRIVE, STE. B SARASOTA, FL 34240 SARASOTA, FL 34240 20008866 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 54-2130396-Not Applicable Country \$5.00 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SÁVARY, JOHNSON S JR. Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVE., STE. 300 SARASOTA, FL 34236 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Delete ППΕ ☐ Change ☐ Addition TITLE W.F. SCUTT, INC. NAME NAME STREET ADDRESS STREET ADDRESS 17507 WATERLINE ROAD BRADENTON, FL 34212 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition RICHARD H. ROSENBERG, INC. NAME NAME STREET ADDRESS 2147 PORTER LAKE DRIVE, STE, B STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITO F ☐ Change KEVIN E. BRUNDAGE, INC. NAME NAME STREET ADDRESS 13926 SIENA LOOP STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE LAND ASSOCIATES, L.L.C. NAME NAME STREET ADDRESS STREET ADDRESS 2147 PORTER LAKE DRIVE, STE. B CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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. 941-371-9800

FILED

Feb 09, 2005 8:00 am