

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000041914

1. Entity Name
DESOTO LAND GROUP, LLC



Principal Place of Business
C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134

Mailing Address
C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134



04152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3107470

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J
C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FERTIG, JAY
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 325
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	MACNAIR, CHRISTOPHER J
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 325
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	GANT, E. DONALD
STREET ADDRESS	12653 SW COUNTY ROAD 769, SUITE A
CITY-STATE-ZIP	LAKE SUZY, FL 34269
TITLE	MGR
NAME	GANT, STEVEN D
STREET ADDRESS	12653 SW COUNTY ROAD 769, SUITE A
CITY-STATE-ZIP	LAKE SUZY, FL 34269
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000924557
05/19/08-80006-008 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Christopher J. MacNair 4/25/08 (305) 405 6161