

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042991

Entity Name: FT. MCCOY LAND, LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

12750 NE 135TH ST.  
FT. MC COY, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1290  
FT. MC COY, FL 32134

**New Mailing Address:**

FEI Number: 20-0411017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, DONALD E  
3378 NW 100TH STREET  
OCALA, FL 34475 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: DONALD E. JOHNSON REV. LIVING TRUST 8/4/98  
Address: 3378 NW 100TH STREET  
City-St-Zip: OCALA, FL 34475

Title: MGRM ( ) Delete  
Name: NANCY K. JOHNSON REV. LIVING TRUST 8/4/98  
Address: 3378 NW 100TH STREET  
City-St-Zip: OCALA, FL 34475

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: TRES ( ) Change (X) Addition  
Name: JOHNSON, TRAVIS H  
Address: 12750 NE 135TH ST.  
City-St-Zip: FT. MCCOY, FL 32134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRAVIS H. JOHNSON

TRES

04/24/2009

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