

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000043990**

1. Entity Name  
**TUCKER LAND COMPANY, LLC**



Principal Place of Business  
**8122 SHILOH TERRACE  
HOBE SOUND, FL 33455**

Mailing Address  
**8122 SHILOH TERRACE  
HOBE SOUND, FL 33455**



01152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0418425**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TUCKER, JAMES B  
8122 SHILOH TERRACE  
HOBE SOUND, FL 33455**

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGR TUCKER, JAMES B 8122 SHILOH TERRACE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TUCKER, KRISTINA M 8122 SHILOH TERRACE HOBE SOUND, FL 33455
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IN THIS SPACE**

U0000007946401  
01/28/08-80016-001 138.75

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 #

1-18-08

772  
546-2292