


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000046155 1. Entity Name FLORIDA LAND ACQUISITIONS, LLC	
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Principal Place of Business
25 NORTH MAIN STREET
ASSONET, MA 02702--113 US

Mailing Address
25 NORTH MAIN STREET
ASSONET, MA 02702--113 US

DO NOT WRITE IN THIS SPACE



07072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3137106	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TALBERT, WILLIAM D II
8 VIA CAPRI
PALM COAST, FL 32137

**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 _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEAULIEU, PAUL H 23 SWING DRIVE BERKLEY, MA 02779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STALTER, J. N 5620 NORTH HARBOR VILLAGE DRIVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BREAKSTONE, ELAINE P 20 CLUB POINTE DRIVE WHITE PLAINS, NY 10605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LELLE, ROBERT N 24 GLENVIEW DRIVE SOUTHAMPTON, NY 11968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000374923
07/29/05-80003-010 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7-25-05

Date

508-644-9955

Daytime Phone #