

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000046155

1. Entity Name
FLORIDA LAND ACQUISITIONS, LLC



Principal Place of Business
**25 NORTH MAIN STREET
ASSONET, MA 02702-113 US**

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



03222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3137106

Applied For
Not Applicable

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

**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

3-26-07 508-644-9955

Date Daytime Phone #