2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L03000046155

1. Entity Name
FLORIDA LAND ACQUISITIONS, LLC

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

DO NOT WRITE IN THIS SPACE

03062008No Chg-LLC CR2E083 (12/07)

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

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

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	SOUTHHAMPTON, NY 11968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000861834
04/03/08-80024-016 138.75

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: _____ 3.10.08 508.941.2061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #