## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000046895**

Entity Name

FLORIDIAN LAND MANAGEMENT, LLC



FILED Apr 27, 2005 08:00 AM Secretary of State

Principal Place of Business 11300 BOGGY CREEK ROAD ORLANDO, FL 32824 Mailing Address

11300 BOGGY CREEK ROAD ORLANDO, FL 32824

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DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN THIS	SPACE
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04252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0414115

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

TAVRIDES, MATTHEW A 390 NORTH ORANGE AVENUE, SUITE 2700 ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

	rnamed entity submits this statement for the purpose of char- tions of registered agent.	iging its registered (	office of registered agent, or po	illin, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered An	ent signature required when roinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2005	(100)	(a) the ship relation is a residence of the restriction of the restric	LATE .	
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAGRAFF, JOYCE A 11300 BOGGY CREEK RD. ORLANDO, FL 32824				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAGRAFF, DONALD D 11300 BOGGY CREEK RD. ORLANDO, FL 32824			000000336801 04/27/05-80140-009 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS			IN <sup>-</sup>	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)(i), 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TIPED OR MINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

4/22/05

407-856-1271