

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048713

1. Entity Name
RESIDENTIAL LAND ACQUISITIONS, LLC



Principal Place of Business
992 TAMiami TRAIL, SUITE E-1
PORT CHARLOTTE, FL 33953-3850

Mailing Address
992 TAMiami TRAIL, SUITE E-1
PORT CHARLOTTE, FL 33953-3850

FILED
Aug 11, 2008 08:00 AM
Secretary of State



08082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0447603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD, FL 34223-4949

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000957567
08/11/08-80005-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALKER, RONALD C
STREET ADDRESS	992 TAMiami TRAIL #E-1
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date _____

Daytime Phone # _____

8-8-08 044625-4573