


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # L03000050793</b><br>1. Entity Name<br>FLORIDA LAND PARTNERS, LLC |  |
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| Principal Place of Business<br>4508 SAILBREEZE CT<br>ORLANDO, FL 32810 | Mailing Address<br>4508 SAILBREEZE CT<br>ORLANDO, FL 32810 |
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03082007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number<br>33-1077797                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>CANTU, LOUIS M<br>4508 SAILBREEZE CT<br>ORLANDO, FL 32810 |
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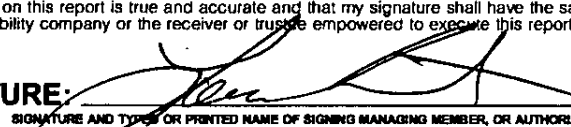
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |   |
| SIGNATURE <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                  | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CANTU, LOUIS M<br>4508 SAILBREEZE CT<br>ORLANDO, FL 32810 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  | Date <u>3-8-07</u> 407<br>Daytime Phone # <u>448-3838</u> |