


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000050793 1. Entity Name FLORIDA LAND PARTNERS, LLC	
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Principal Place of Business 4508 SAILBREEZE CT ORLANDO, FL 32810	Mailing Address 4508 SAILBREEZE CT ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-LLC

CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

CANTU, LOUIS M
4508 SAILBREEZE CT
ORLANDO, FL 32810

**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 resetting) DATE: 02/19/08

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

000000821989
02/19/08-80049-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANTU, LOUIS M 4508 SAILBREEZE CT ORLANDO, FL 32810
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____