2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

| DOCUMENT # L03000053841 1. Entity Name LAND SALES DATA LC | | | | | | | 04-16-2007 90351 037 ****50.00 | | | | |
|--|---|--|--|---------------------------------------|--|--|--|--|----------|------------------------|--|
| Principal Plac 2429 PARKL LAKELAND, F | AND DR | | Mailing Address 2429 PARKLAND DR LAKELAND, FL 33811 | | | | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 04022007 | Chg-LLC | CR2E083 (12 | (06) | | |
| City & Stat | e | | City & State | | | 4. FEI Numb 75-314 | - | - | + | lied For Applicable | |
| Zip | Country | | Zip | Country | | 5. Certificate | of Status Desired | □ \$5.00 Fee Re | | ional | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| DANSBY, DONALD J 2429 PARKLAND DR LAKELAND, FL 33811 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| LANELAND, PL 33011 | | | | | | | | | | | |
| | | | City | | | | | | Code | | |
| 8. The above the obligat | named entity so ions of registere | ubmits this statement fo d agent. | r the purpose of changing its | register | ed office or reg | istered agent, or bo | th, in the State of Flo | orida. I am familiar | with, ar | nd accept | |
| SIGIATIONE. | Signature, typed or p | rinted name of registered agent | and title if applicable. (NOT | E: Registere | d Agent signature rec | quired when reinstating) | | DATE | | | |
| | iling Fee is t ue by May 1 | | | | | | Make check payable to Florida Department of State | | | | |
| 9. MANAGING MEMBE | | | RS/MANAGERS | RS/MANAGERS 10. | | | ADDITIONS/ | CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | MGR DANSBY, DÖNALD J 2429 PARKLAND DR LAKELAND, FL 33811 | | ☐ Delete | | | | | ☐ Cha | nge | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Cha | inge | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Cha | nge | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | | | | | Cha | nge | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Cha | nge | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | - 4 | | | | ☐ Cha | nge | Addition | |
| 11. I hereby of indicated limited lia | certify that the in on this report is | formation supplied with true and accurate and | this filing does not qualify to that my signature shall have a empowered to execute this | r the exe | mptions contain Negal effect as | ned in Chapter 119, of made under oath | Florida Statutes, I fun; that I am a manag | orther certify that the ling member or ma | inform | nation of the | |