

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007723

FILED
Apr 30, 2009
Secretary of State

Entity Name: TWO GUYS LAND TRUST, L.L.C.

Current Principal Place of Business:

1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

209 SW 29TH STREET
CAPE CORAL, FL 33914

Current Mailing Address:

1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

New Mailing Address:

PO BOX 60205
FORT MYERS, FL 33906

FEI Number: 20-0657509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ.
1105 CAPE CORAL PARKWAY EAST, SUITE C
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

WICKER, JOHN M ESQ.
12670 NEW BRITTANY BLVD
101
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LINK, DAVE
Address: 1318 LAFAYETTE STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Delete
Name: BLUST, BRYAN
Address: 1318 LAFAYETTE STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LINK, DAVE
Address: 209 SW 29TH STREET
City-St-Zip: FORT MYERS, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVE LINK

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date