2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 07, 2006 08:00 AM DOCUMENT # L04000009474 **Secretary of State** VH LAND DEVELOPMENT, L.L.C. Principal Place of Business Malling Address 10130 BERTRAM LANE FORT MYERS FL 33912 10130 BERTRAM LANE FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-0659458 Not Applicable Zia Country Z(c)Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAVINA, PETER J Street Address (P.O. Box Number is Not Acceptable) 1833 HENDRY STREET FORT MYERS FL 33901 Zip Code 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, type discipring disease of registered agent and title it applicable. (NOTE Registored Agenf signalure required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change Addition DDF MGR ☐ Delete TITLE NAME HUETHER, CHARLES J 100000459887 STREET ADDRESS STREET ADDRESS 10130 BERTRAM LANE 63,48,406-30015-007-59**,0**9 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME HUETHER, VIRGINIA M ARAME STREET ADDRESS STREET ADDRESS 10130 BERTRAM LANE CITY-ST-ZIP CHY-ST-ZE FORT MYERS FL 33912 ☐ Delete ☐ Change Addition 33712 MAM NAME STREET ADDRESS STREET ADDRESS City- ST- 207 CHY-ST-ZIP ☐ Change Addition Delete TITLE Tritt NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIVY-ST-ZIP Delete ☐ Change Addition TITLE THE NAMO NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST- RP TITLE Delete 3.00 ☐ Change ☐ Addition NAME NAME SYREET ADDRESS STREET ADDRESS City-ST-ZIP

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11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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 path, 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: Virginia Huether 3/2/2