


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000010890 1. Entity Name LANDCREST DEVELOPMENT, LLC	
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Principal Place of Business
93 E. KATHY LANE
FREEPORT, FL 32439

Mailing Address
93 E. KATHY LANE
FREEPORT, FL 32439



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0752324	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIXON, STEVEN E
93 E. KATHY LANE
FREEPORT, FL 32439

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIXON, STEVEN E 93 E. KATHY LANE FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINGENFELTER, CHARLES 748 ST. JOHN COVE NICEVILLE, FL 32578
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05/18/07-80094-019 50.00

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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: Steven E. Mixon STEVEN E. MIXON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-24-07 (850) 897-7585
Date Daytime Phone #