

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 22, 2005 8:00 am
Secretary of State

04-11-2005 90044 004 ****50.00

DOCUMENT # L04000012784			
1. Entity Name THE GREAT LAKE COUNTY LAND COMPANY, L.L.C.			
Principal Place of Business 1330 LAKESHORE DR. MT DORA, FL 32757		Mailing Address 1330 LAKESHORE DR. MT DORA, FL 32757	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTT, M.A. 1330 LAKESHORE DR. MT DORA, FL 32757		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTT, M.A. 1330 LAKESHORE DR. MT DORA, FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  M.A. BUTT		4/6/05 352-735-2777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30004470



03292005 Chg-LLC CR2E083 (10/03)

A. FEI Number **22-3913265** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and sole if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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STREET ADDRESS
CITY-ST-ZIP

MGRM
BUTT, M.A.
1330 LAKESHORE DR.
MT DORA, FL 32757 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #