



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90172 022 ****50.00

DOCUMENT # L04000017966					
1. Entity Name FED LAND PARTNERS LLC					
Principal Place of Business 2410 N. E. 31ST COURT LIGHTHOUSE POINT, FL 33064 US			Mailing Address 2410 N. E. 31ST COURT LIGHTHOUSE POINT, FL 33064 US		
2. Principal Place of Business 4115 GREEN TREE AVE Suite, Apt. #, etc.		3. Mailing Address 4115 GREEN TREE AVE Suite, Apt. #, etc.			
City & State SARASOTA FL Zip: 34233 Country: US		City & State SARASOTA FL Zip: 34233 Country: US		02162005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-082501				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431	
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 reinstating) 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	MGR SANABRIA, MARITZA 2410 N. E. 31ST COURT LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANABRIA, MARITZA 4115 GREEN TREE AVE SARASOTA FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			2-16-2005 561-368-977 Date Daytime Phone #		
JOHN P. MILLER AUTHORIZED REPRESENTATIVE					