


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90368 047 ****50.00

DOCUMENT # L04000018180					
1. Entity Name LAND INVEST HOLDING LLC					
Principal Place of Business 3802 GUNN HWY A TAMPA, FL 33624 US			Mailing Address 3802 GUNN HWY A TAMPA, FL 33624 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City	
Zip		Country		City	
6. Name and Address of Current Registered Agent PONTON, LANCE 3802 GUNN HWY A TAMPA, FL 33624					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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 <u><i>Lance Ponton</i></u> (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	MGRM CORDOBA DEVELOPMENT COMPANY, LLC 3802 GUNN HWY #A TAMPA, FL 33624		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARAMOUNT TRIANGLE I, INC. 4609 MIRABELLA PLACE LUTZ, FL 33558		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Lance Ponton</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

14013054



04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1186617 Applied For Not Applicable

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

FL Zip Code