

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90013 008 \*\*\*\*50.00

<b>DOCUMENT # L04000019788</b> 1. Entity Name GREAT OAKS LAND DEVELOPMENT, L.L.C.			
Principal Place of Business 5813 HENDRICKS ROAD LAKELAND, FL 33811-2124		Mailing Address 5813 HENDRICKS ROAD LAKELAND, FL 33811-2124	
2. Principal Place of Business 6134 Duboise Rd Suite, Apt. #, etc.		3. Mailing Address 6134 Duboise Rd Suite, Apt. #, etc.	
City & State Lakeland, FL Zip 33811 Country		City & State Lakeland, FL Zip 33811 Country	
4. FEI Number 20-0726239		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  ASBURY, TERESA 5813 HENDRICKS ROAD LAKELAND, FL 33811-2124		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6134 Duboise Rd City Lakeland FL Zip Code 33811	
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>Teresa Asbury</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASBURY, ROBERT P 5813 HENDRICKS ROAD LAKELAND, FL 33811	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 6134 Duboise Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASBURY, TERESA 5813 HENDRICKS ROAD LAKELAND, FL 33811	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 6134 Duboise Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Teresa Asbury</u> 4/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			