2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am

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DOCUMENT # L04000019788 1. Entity Name GREAT OAKS LAND DEVELOPMENT, L.L.C.					Secretary of State 04-27-2006 90013 008 ****50.00			
Principal Plac		Mailing Address 5813 HENDRICKS ROAD						
5813 HENDRICKS ROAD 5813 HENDRICKS ROAD Lakeland, Fl. 33811-2124 Lakeland, Fl. 33811-2124		124						
2. Principal P	lace of Business	3. Mailing Address	- A					
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				03272006	Chg-LLC	CR2E083 (11/0	<u> </u>	
La Reland FL (City & State)		City & State	greand FL		рег 26239		Applied For Not Applicable	
Zip Country Zip 3811		Country	5. Certificat	e of Status Desired	□ \$5.00 / Fee Requ	Idditional ired		
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name an	d Address of New	Registered Agent		
ASBURY, TERESA								
5819 HENDRICKS ROAD			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
L AKELAND, FL 33811-2124			(0)3	6134 Duboise Kal				
CITY CISE ON OF IT TIPE CONTROL TO THE TOP CONTROL						5011		
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 famillar with, and accept the obligations of registered agent.								
-8000	JUUSA	XXXXXX	<u></u>					
LISIGNATUHE.			<u> </u>					
SIGNATURE	Signature, giped or printed name of registered agent	and title if applicable. (NOTE: F	Registere Agent signature	required when reinstating)		DATE		
G	Stratuse, speed or printed name of registered agent liling. Fee is \$50.00 ue by May 1, 2006	and title if applicable. (NOTE: 8	Registere Agent signature	required when reinstating)		DATE ike check payable to la Department of S		
G	Structure, glood or printed name of registered agent		Registered Agent signature	required when reinstating)	Florid	ke check payable t		
(F)	Iling Fee is \$50.00 WANAGING MEMBE MGRM ASBURY, ROBERT P S815 HENDRICKS ROAD		10.		ADDITIONS	ike check payable to the Department of S	ate	
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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.

CSIGNATURE: SIGNATURE AND TYPED ON PRINTED INAME OF SIGN NO MANAGING MEMBER, MANAGEN, OF AUTHORIZED REPRESENTATIVE