# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 01, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L04000021035

1. Entity Name
TWO BOYS LAND GROUP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 903 E. STRAWBRIDGE AVE.<br>MELBOURNE, FL 32901-4738 | 903 E. STRAWBRIDGE AVE.<br>MELBOURNE, FL 32901-4738 |

DO NOT WRITE IN THIS SPACE

01062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0880520
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948-1088

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

000000810767
02/08/08-80078-011 138.75

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | LANFORD, J SCOTT |
| STREET ADDRESS | 903 E STRAWBRIDGE AVE |
| CITY-ST-ZIP | MELBOURNE, FL 329014738 |
| TITLE | MGRM |
| NAME | GUNDERSON, MIKO P |
| STREET ADDRESS | 18401 MURDOCK CIRCLE |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 337481088 |
| 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 | |

DO NOT WRITE IN THIS SPACE

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:** Miko P Gunderson Member Manage 1-9-08 941-637-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Miko P. Gunderson