


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

03-02-2005 90017 006 ****55.00

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| DOCUMENT # L04000021257 |  |
| 1. Entity Name GARCIA LAND COMPANY, LLC | |

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| Principal Place of Business 8050 NW 30TH STREET HOLLYWOOD, FL 33024 | Mailing Address 8050 NW 30TH STREET HOLLYWOOD, FL 33024 |
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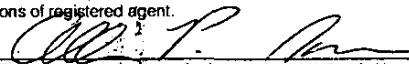
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| 2. Principal Place of Business 4040 NEWBERRY Rd Suite, Apt. #, etc. STE 950 B City & State Gainesville, Florida Zip 32607 Country Alachua | 3. Mailing Address 4040 NEWBERRY Rd Suite, Apt. #, etc. STE 950 B City & State Gainesville, Florida Zip 32607 Country Alachua |
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01242005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 20-1337882 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GARCIA, ALLAN P 8050 NW 30TH STREET HOLLYWOOD, FL 33024 | 7. Name and Address of New Registered Agent Name: GARCIA, ALLAN P. Street Address (P.O. Box Number is Not Acceptable): 4040 NEWBERRY RD STE 950 B. City: Gainesville, FL Zip Code: 32607 |
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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: 2-26-05

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

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|---------------------------------------------|--------------------------------------------------------------|
| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GARCIA, ALLAN P 8050 NW 30TH STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GARCIA, ALLAN P. 4040 NEWBERRY Rd STE 950 B Gainesville, FL 32607 <input checked="" 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 |
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| 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:  DATE: 2-26-05 352-378-0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE