2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2007
Secretary of State

DOCUMENT# L04000023135

Entity Name: LAND ACQUISITIONS OF SOUTHEAST FLORIDA, L.L.C.

Current Principal Place of Business:

466 WATERS DRIVE
FORT PIERCE, FL 34946

New Principal Place of Business:

1409 DELAWARE AVENUE
FORT PIERCE, FL 34950

Current Mailing Address:

466 WATERS DRIVE
FORT PIERCE, FL 34946

New Mailing Address:

1409 DELAWARE AVENUE
FORT PIERCE, FL 34950

FEI Number: 20-3283021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FREITAS, JULIANN
9440 MEADOWOOD DRIVE
UNIT 103
FORT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FREITAS, JAMES M
Address: 466 WATERS DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: MGRM ( ) Delete
Name: FREITAS, JULIANN
Address: 9440 MEADOWOOD DRIVE, UNIT 103
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIANN FREITAS MGMR 05/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date