
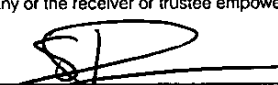


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY -5 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000023222			
1. Entity Name CANAAN LAND INVESTMENTS, LLC			
Principal Place of Business 1900 W. COMMERCIAL BLVD., STE. 112 FT. LAUDERDALE, FL 33309		Mailing Address 1900 W. COMMERCIAL BLVD., STE. 112 FT. LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address P.O. Box 150194	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. LAUDERDALE, FL	
Zip	Country	Zip	Country
		33319	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISAAC, STAN 1900 W. COMMERCIAL BLVD., STE. 112 FT. LAUDERDALE, FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANLEY ISAAC 3540 NW 50 AVENUE, N302 LAUDERDALE LAKES, FL 33319 <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	MGM JOANNE C. ISAAC 3540 NW 50 AVENUE, N302 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100055803951 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/06/05--01002--007 **150.00
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
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
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: 		4/28/05 954 229-1688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	