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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
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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
33319	

04262005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	
ISAAC, STAN 1900 W. COMMERCIAL BLVD., STE. 112 FT. LAUDERDALE, FL 33309	

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

7. Name and Address of New Registered Agent	
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	MGR	TITLE	
NAME	STANLEY ISAAC	NAME	
STREET ADDRESS	3540 NW 50 AVENUE, N302	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGM	TITLE	
NAME	JOANNE C. ISAAC	NAME	100055803951
STREET ADDRESS	3540 NW 50 AVENUE, N302	STREET ADDRESS	06/06/05--01002--007
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP	**\$150.00
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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)(l), 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 #