


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90030 050 \*\*\*\*50.00

<b>DOCUMENT # L04000027948</b> 1. Entity Name <b>SURETY LAND HOLDING COMPANY, LLC</b>					
Principal Place of Business <b>2441 HWY 98 E. SUITE 108 SANTA ROSA BEACH, FL 32459</b>			Mailing Address <b>2441 HWY 98 E. SUITE 108 SANTA ROSA BEACH, FL 32459</b>		
2. Principal Place of Business <b>40 Clareon Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>40 Clareon Dr.</b> Suite, Apt. #, etc.			
City & State <b>Panama City Beach, FL</b> Zip <b>32413</b>		City & State <b>Panama City Beach, FL</b> Zip <b>32413</b>		4. FEI Number <b>20-0989261</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NICHOLAS, LANCE G 2441 HWY 98 E. SUITE 108 SANTA ROSA BEACH, FL FL</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NICHOLAS, LANCE G 2441 HWY 98 E., STE 108 SANTA ROSA BEACH, FL 32459</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KAHALLEY, WILLIAM 5909 AIRPORT BLVD. MOBILE, AL 36608</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.					
<b>SIGNATURE:</b> <u>LANCE NICHOLAS</u> <b>4/5/05</b> <b>251 343-4200</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					