2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000033141 1. Entity Name LABELLE LAND COMPANY, LLC						04-19-2005 90027 002 ****50.00				
Principal Place of Business 802 N. W. 1ST STREET SOUTH BAY, FL 33493 US Mailing Address 802 N. W. 1ST STREET SOUTH BAY, FL 33493 US			US	20038249				11 15		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222005	Chg-LLC	CR2E08	3 (10/03)			
City & State		City & State		4. FEI Numi	4. FEI Number Applied For Not Applicable					
Zip	Country	Zip	Count	ry		e of Status Desired	F	55.00 Add ee Required		
6. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New R	egistered A	gent	 _	
ROYAL UNITED PROPERTIES, INC. 802 N. W. 1ST STREET SOUTH BAY, FL 33493				Street Address (P.O. Box Number is Not Acceptable)						
3001H B/	AT, FL 33493									
			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.									and accept	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Property of the Due by May 1, 2005					<u></u>		e check pa	yable to int of State	•	
9.	MANAGING MEMBER	RS/MANAGERS 10.				ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROYAL UNITED PROPERTIES, INC. NA 302 N. W. 1ST STREET SII			l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		l l				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		I			s	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1				Change .	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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LYMEN SIGNATURE SIGNATURE OF SIGNAGE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Coystric Phone #