



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000033219		
1. Entity Name M & W LAND RESOURCES, LLC		

Principal Place of Business 8069 B HIGHWAY 30-A PANAMA CITY BEACH, FL 32413 US	Mailing Address 8069 B HIGHWAY 30-A PANAMA CITY BEACH, FL 32413 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 APR 20 'AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02032005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent KRAEMER, MARY K ESQ. 35 CLAYTON LANE SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name: Mary K. Kraemer, Esq. Street Address (P.O. Box Number is Not Acceptable): 4475 Legendary Drive City: Destin FL Zip Code: 32541	
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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: Mary K. Kraemer DATE: 4-13-05
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HABSHEY, TERRY 8069 B HIGHWAY 30-A PANAMA CITY BEACH, FL 32413 <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	500053585495 05/03/05--01008--001 <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
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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: Wesley M. Habshey DATE: 4-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #