

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000034398

**FILED**  
**Mar 22, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA LAND MANAGEMENT TRUST L.L.C.

**Current Principal Place of Business:**

321 NE 19TH PL.  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

1804 NE 6TH ST.  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

4085 HANCOCK BRIDGE PKWY.  
STE #111 BOX 262  
CAPE CORAL, FL 33903 US

**New Mailing Address:**

1804 NE. 6TH ST.  
CAPE CORAL, FL 33909 US

**FEI Number:** 20-1091019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDEZ, RAUL O JR  
321 NE 19TH PL.  
CAPE CORAL, FL 33909 US

**Name and Address of New Registered Agent:**

MENDEZ, RAUL O JR  
1804 NE. 6TH ST.  
CAPE CORAL, FL 33909 US

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.

SIGNATURE: RAUL O. MENDEZ JR.

03/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MENDEZ, RAUL O MGR  
Address: 4085 HANCOCK BRIDGE PKWY BOX 262  
City-St-Zip: N FT MYERS, FL 33903

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MENDEZ, RAUL O MGR  
Address: 1804 NE 6TH ST.  
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAUL O. MENDEZ JR.

MGR

03/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date