


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000040048</b> 1. Entity Name <b>OLD PUNTA GORDA LAND INVESTMENTS LLC</b>	
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Principal Place of Business <b>27430 DUTCH AVENUE PUNTA GORDA, FL 33982 US</b>	Mailing Address <b>27430 DUTCH AVENUE PUNTA GORDA, FL 33982 US</b>
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03152006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1169153</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FRY, WILLIAM E 27430 DUTCH AVENUE PUNTA GORDA, FL 33982</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000475783  
04/05/06-80029-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRY, WILLIAM E 27430 DUTCH AVENUE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRY, REBECCA L 27430 DUTCH AVENUE PUNTA GORDA, FL 33982
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** William E. Fry William E. Fry 03/15/06 (941) 639-2537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #