

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000042417	
1. Entity Name ACADIA LAND COMPANY, LLC	

Principal Place of Business 400 W. NEW ENGLAND AVENUE, SUITE 9 WINTER PARK FL 32789	Mailing Address 400 W. NEW ENGLAND AVENUE, SUITE 9 WINTER PARK FL 32789
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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

1st MOORE CR2E083 (10/05)

4. FEI Number **20-1378518** ☐ Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GIGLIOTTI, JOHN
400 W. NEW ENGLAND AVENUE, SUITE 9
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	000000467224 03/23/06-80042-007 50.00
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIGLIOTTI, JOHN 400 W NEW ENGLAND AVE STE 9 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAGUARDIA, JOHN 400 W NEW ENGLAND AVE STE 9 WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2-24 06 4.000000000000