

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000042714

1. Entity Name
CR 42 LAND LLC



Principal Place of Business

**383 CARRIAGE LANE
LADY LAKE, FL 32159**

Mailing Address

**383 CARRIAGE LANE
LADY LAKE, FL 32159**



D1042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1214728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLHORN, ERIC C
13710 US HWY 441
SUITE 100
LADY LAKE, FL 32159**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000382804
01/12/06-80027-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROGERS, PAUL B
STREET ADDRESS	383 CARRIAGE LANE
CITY- ST- ZIP	LADY LAKE, FL 32159
TITLE	MGRM
NAME	KENLEY, ANDREW J
STREET ADDRESS	15191 SE 84TH TERRACE
CITY- ST- ZIP	SUMMERFIELD, FL 34491
TITLE	MGRM
NAME	VINING, DONALD R
STREET ADDRESS	4217 SE 103RD LANE
CITY- ST- ZIP	BELLVIEW, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-07-2006 352-347-8188

Date

Daytime Phone #