

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000045480**

1. Entity Name

FLORIDA LAND NETWORK, LLC



Principal Place of Business

1800 MARINA CIRCLE  
NORTH FT. MYERS, FL 33903

Mailing Address

1800 MARINA CIRCLE  
NORTH FT. MYERS, FL 33903



04062006 No Chg-LLC

CRZE063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

34-2000700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLY, DANIEL M  
1800 MARINA CIRCLE  
NORTH FT. MYERS, FL 33903

**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 reinstating)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PG  
KELLY, DANIEL M  
1800 MARINA CIRCLE  
NORTH FORT MYERS, FL 33903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000500489  
04/25/06-80023-021 50.00

**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

4/7/06

Date

Daytime Phone # \_\_\_\_\_