

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046776

Entity Name: LAND OR SEA, LLC

FILED
Apr 21, 2007
Secretary of State

Current Principal Place of Business:

5186 EARLY TERRACE
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

5186 EARLY TERRACE
PORT CHARLOTTE, FL 33981

New Mailing Address:

FEI Number: 20-1343787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUECKEL, KEITH S
5186 EARLY TERRACE
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

RUECKEL, KEITH E SR.
5186 EARLY TERRACE
PORT CHARLOTTE, FL 33981 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: KEITH E. RUECKEL SR.

04/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUECKEL, KEITH SR
Address: 5186 EARLY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM () Delete
Name: RUECKEL, KEITH JR
Address: 1660 NE 12TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUECKEL, KEITH E SR
Address: 5186 EARLY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM (X) Change () Addition
Name: RUECKEL, KEITH E JR
Address: 721 NE 56 COURT
City-St-Zip: FT LAUDERDALE, FL 33334

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: KEITH E. RUECKEL SR.

MGRM

04/21/2007

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