
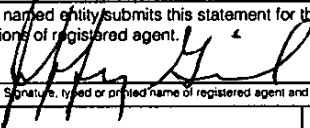
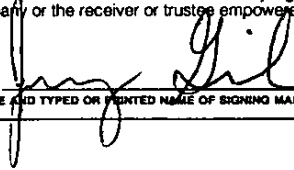


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90107 022 ****50.00

DOCUMENT # L04000046781 1. Entity Name FLORIDA LAND AND HOME, LLC			
Principal Place of Business 6109 EATON ST. WEST PALM BEACH, FL 33411		Mailing Address 6109 EATON ST. WEST PALM BEACH, FL 33411	
2. Principal Place of Business 1319 Beacon Circle Suite, Apt. #, etc.		3. Mailing Address 1319 Beacon Circle Suite, Apt. #, etc.	
City & State Wellington, FL Zip 33414		City & State Wellington, FL Zip 33414	
Country USA		Country USA	
4. FEI Number * applied for		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILSON, JEFFREY G 6109 EATON ST. WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1319 Beacon Circle City Wellington FL Zip Code 33414	
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  DATE 4.26.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM GILSON, JEFFREY G 6109 EATON ST. WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 1319 Beacon Circle Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM SCHNEIDERMAN, ANDREW 130 FAIRVIEW AVENUE DEER PARK, NY 11729	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM CHUCK WIGHTMAN REVOCABLE TRUST 5726 LAGO DEL SOL LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 4.26.05 Daytime Phone # 5701-8873	