

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/1

FILED
May 09, 2005 8:00 am
Secretary of State

04-18-2005 90078 022 ***150.00

DOCUMENT # L04000052184					
1. Entity Name ACME LAND, LLC					
Principal Place of Business 17 NORTH 10TH STREET HAINES CITY, FL 33844			Mailing Address 17 NORTH 10TH STREET HAINES CITY, FL 33844		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04112005 Chg-LLC CR2E083 (10/03)	
4. Name and Address of Current Registered Agent SAMMONS, ROBERT O 1556 SIXTH STREET SE WINTER HAVEN, FL 33880				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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: _____ <small>(Signature, typed or printed name of registered agent and state if applicable. NOTE: Registered Agent signature required when non-binding)</small> DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		20-13-70729	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIMBREL, WANDA LEE 17 NORTH 10TH STREET HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u>Wanda Lee Kimbrel</u> <u>4/12/05</u> <u>863-421-3400</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					