2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# L04000052551

Entity Name: OKEECHOBEE LAND COMPANY, LLC

Current Principal Place of Business:

208 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

208 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 51-0515390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOINER, MOSE
208 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

JOINER, MOSE B
208 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34972 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: MOSE B. JOINER 09/06/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOINER, MOSE
Address: 208 NORTH PARROTT AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: WILLIAMS, CHRISTINE D
Address: 208 NORTH PARROTT AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINE D. WILLIAMS MGR 09/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date