2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# L04000054699

Entity Name: LAKELAND LAND DEVELOPMENT, LLC

Current Principal Place of Business:

6551 SOUTH MAIN STREET
NORTH KINGSVILLE, OH 44068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 285
NORTH KINGSVILLE, OH 44068

New Mailing Address:

FEI Number: 43-2056271 **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:

JOHNSON, CRAIG R
1460 GULF BLVD., #407
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

JOHNSON, CRAIG R
29 GOLF VIEW DRIVE
ENGLEWOOD, FL 34223 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: CRAIG R JOHNSON 05/18/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JOHNSON, CRAIG R
Address: 1460 GULF BLVD., #407
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM ( ) Delete
Name: JOHNSTON, TIMOTHY
Address: 18504 WALKER ROAD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, CRAIG R
Address: 29 GOLF VIEW DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

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

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: CRAIG R JOHNSON MGRM 05/18/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date