## \*2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## May 04, 2006 8:00 am Secretary of State DOCUMENT # L04000055387 05-04-2006 90023 029 \*\*\*\*50.00 1. Entity Name DESERT LAND, L.L.C. Principal Place of Business 2822 REMINGTON GREEN CIR. TALLAHASSEE FL 32308 2822 REMINGTON GREEN CIR. TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 20-1899075 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS & FULLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 2822 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308 City Zip Code FL 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 Signature, typind or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstitling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** □ Delete Change Addition NAME PURCELL, GARY NAME STREET ADDRESS 2822 REMINGTON GREEN CIR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE MGRM Delete TITLE Change Addition NAME COULTER, BILL NAME STREET ADDRESS 2822 REMINGTON GREEN CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE **M** Delete Addition TKACH, MARK NAME KAEH, MARK NAME 2822 Remineton GREEN CIR STREET ADDRESS STREET ADDRESS 2822 REMINGTON GREEN CIR CITY-ST-ZIP CITY-ST-ZIP TAMAHASSEE FL 32308 TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 flustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE POT TO SEPERATE COME DE TENENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Managing Member

602-264-1188

FILED