

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058293

Entity Name: LANDGRAZERS LLC

FILED  
Mar 27, 2006  
Secretary of State

**Current Principal Place of Business:**

5219 VILLAGEBROOK DR.  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

5219 VILLAGEBROOK DR.  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 20-3903078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TIMBROOK, NANCY A  
5219 VILLAGEBROOK DR.  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

TIMBROOK, ERIC T  
5219 VILLAGEBROOK DR.  
WESLEY CHAPEL, FL 33543 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: ERIC T. TIMBROOK

03/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TIMBROOK, ERIC T  
Address: 5219 VILLAGEBROOK DR.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGR ( ) Delete  
Name: FREDERICK, LARRY R  
Address: 3921 BRILEY LOOP  
City-St-Zip: LAND O LAKES, FL 34638

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: FREDERICK, LARRY R  
Address: 18901 NEW PASSAGE BLVD  
City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ERIC T. TIMBROOK

MGR

03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date