

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058867

FILED
Mar 25, 2008
Secretary of State

Entity Name: MONTVERDE LAND COMPANY, LLC

Current Principal Place of Business:

16005 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756 US

New Principal Place of Business:

16131 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756 US

Current Mailing Address:

16005 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756 US

New Mailing Address:

16131 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756 US

FEI Number: 20-1465287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNY, DEBORAH
16005 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

ERCKERT, PATRICIA
16131 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756 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: PATRICIA ERCKERT

03/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KENNY, DEBORAH
Address: 16005 MAGNOLIA CREEK LANE
City-St-Zip: MONTVERDE, FL 34756 US

Title: MGRM () Delete
Name: BEELER ERCKERT, PATRICIA
Address: 16005 MAGNOLIA CREEK LANE
City-St-Zip: MONTVERDE, FL 34756 US

Title: MGRM () Delete
Name: KENNY, GARRY
Address: 16005 MAGNOLIA CREEK LANE
City-St-Zip: MONTVERDE, FL 34756 US

Title: MGRM () Delete
Name: ERCKERT, BARRY L
Address: 16005 MAGNOLIA CREEK LANE
City-St-Zip: MONTVERDE, FL 34756 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ERCKERT, PATRICIA L
Address: 16131 MAGNOLIA CREEK LANE
City-St-Zip: MONTVERDE, FL 34756 US

Title: MGRM (X) Change () Addition
Name: KENNY, DEBORAH
Address: 16005 MAGNOLIA CREEK LANE
City-St-Zip: MONTVERDE, FL 34756 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA ERCKERT

MGRM

03/25/2008

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