2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 09, 2005 8:00 am **Secretary of State DOCUMENT # L04000060533** 02-09-2005 90157 028 ****55.00 LAND ASSOCIATES IV. L.L.C. Principal Place of Business Mailing Address 2147 PORTER LAKE DRIVE, SUITE B 2147 PORTER LAKE DRIVE, SUITE B 20008863 SARASOTA, FL SARASOTA, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number 42-1643419 City & State Applied For Not Applicable Zip Country Zio 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 SAVARY, JOHNSON S JR. Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 Zip Code 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, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITI F MGR ☐ Defete TITLE ☐ Change ☐ Addition W.F. SCUTT, INC. NAME STREET ADDRESS 17507 WATERLINE ROAD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change ☐ Addition RICHARD H. ROSENBERG, INC. NAME NAME STREET ADDRESS 2147 PORTER LAKE DRIVE, SUITE B STREET ADDRESS SARAŞOTA, FL CITY-ST-ZIP CITY-ST-ZIP TITI F MGR □ Delete TITLE ☐ Change ☐ Addition KEVIN E. BRUNDAGE, INC. NAME NAME STREET ADDRESS 13926 SIENA LOOP STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition LAND ASSOCIATES, L.L.C. NAME NAME STREET ADDRESS 2147 PORTER LAKE DRIVE, SUITE B STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITL F □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED

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