2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000060533 1. Entity Name



FILED Jan 11, 2007 8:00 am

Secretary of State

01-11-2007 90128 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 SARASOTA, FL SARASOTA, FL 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 42-1643419 Not Applicable Zip Country 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 -SUITE 700 SARASOTA, FL 34236 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME W.F. SCUTT, INC. NAME 17507 WATERLINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP MGR TITLE ☐ Delete TĮTI F Change ☐ Addition RICHARD H. ROSENBERG, INC. NAME NAME STREET ADDRESS 2147 PORTER LAKE DRIVE, SUITE B STREET ADDRESS CITY-ST ZIP 34240 CITY-ST-ZIP SARASOTA, FL MGR Change TITLE ☐ Delete TITLE ☐ Addition KEVIN E. BRUNDAGE, INC. NAME NAME 7423 GREYSTONE STREET STREET ADDRESS 13926 SIENA LOOP STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LAND ASSOCIATES, L.L.C. NAME NAME 2147 PORTER LAKE_DRIVE, SUITE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST (ZIP) 34240 TITLE Delete ☐ 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 CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV