

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90005 040 ****50.00

DOCUMENT # L04000060654

1. Entity Name
FLORIDA VACANT LAND COMPANY, LLC



Principal Place of Business
**5079 N. DIXIE HIGHWAY
SUITE 252
OAKLAND PARK, FL 33334**

Mailing Address
**5079 N. DIXIE HIGHWAY
SUITE 252
OAKLAND PARK, FL 33334**



2. Principal Place of Business

**4301 NE 1ST TERRACE
SUITE, Apt. #, etc.
3**

3. Mailing Address

**4301 NE 1ST TERRACE
SUITE, Apt. #, etc.
3**

04052006 Chg-LLC CR2E083 (11/05)

City & State

Oakland Park, FLORIDA

City & State

Oakland Park, FLORIDA

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number
16-1706188

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPADA, MATTIA
5079 N. DIXIE HIGHWAY
SUITE 252
OAKLAND PARK, FL 33334**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	SPADA, MATTIA	5079 N. DIXIE HIGHWAY, SUITE 252	OAKLAND PARK, FL 33334	<input type="checkbox"/>
MGRM	MAY, GREGORY A	5079 N. DIXIE HIGHWAY, SUITE 252	OAKLAND PARK, FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4301 NE 1 TERRACE #3	OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/>
		4301 NE 1 TERRACE #3	OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/06 951-449-1475