

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90319 043 ***138.75

DOCUMENT # L04000065584 1. Entity Name EAST WALES LANDHOLDING COMPANY, L.L.C.					
Principal Place of Business 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809 US			Mailing Address 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4012008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-0730283	
Zip		Zip		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILHELM, KENNETH F 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809				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 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILHELM, KENNETH F 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUNDERS, JOE L 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUNDERS, LEE 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 606, Florida Statutes.					
SIGNATURE: 5-14-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					