2006 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Jan 20, 2006 8:00 am Secretary of State	
DOCUM	MENT # L04000066				6 90052 016 ****50.00
1. Entity Name OLD FLO	, RIDA LAND DEVELOPMEN	NT LLC			
		Mailing Address 8200 NW 15TH PLACE GAINESVILLE, FL 32606	L	L HEATIGH EN AKIN ANKIN TAKIN KATIN AL	iti antia ovia olin otato liti ostrati iti tati
				01112006 No Chg-LLC	CR2E083 (11/05)
DO NOT WRITE IN THIS SPAC			ACE	4. FEI Number 34-2017644	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent BUTTS, ROBERT P 5203 SW 91ST TERRACE SUITE D GAINESVILLE, FL 32608				DO NOT W IN THIS SI	
the obligati SIGNATURE_	named entity submits this statement is ions of registered agent. Sonature, typed or prined name of registered agen illing Fee is \$50.00 ue by May 1, 2006		stered office or registe		lorida. I am familiar with, and accept
9	MANAGING MEMB	ERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCORPIO, DOMENIC 8200 NW 15TH PLACE STE B GAINESVILLE, FL 32606				
TITLE NAME STREET ADDRESS CITY-ST-ZP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·			DO NOT V	VRITE
TITLE _ NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby indicated limited li	certify that the information supplied we do n this report is true and accurate a ability company or the receiver or true	with this filing does not qualify for- ind that my signature shall have it the impovered to execute this re	the exemptions contair le same legal effect as port as required by Cl		
SIGNA	SIGNATURE AND TYPED OR WINTED NAME	OF RIGHENG MANAGENG MENBER, OR AUT	HORIZED REPRESENTATIVE		(352-)331-1141 Deyona Phone #