


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90051 030 \*\*\*\*50.00

<b>DOCUMENT # L04000066920</b> 1. Entity Name <b>COSTA RICA LAND COMPANY, LLC</b>							
Principal Place of Business <b>5301 W. CYPRESS STREET, SUITE 111 TAMPA, FL 33607</b>			Mailing Address <b>5301 W. CYPRESS STREET, SUITE 111 TAMPA, FL 33607</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	04252005 Chg-LLC CR2E083 (10/03) 4. FEI Number <b>14-1883939</b> <table border="1" style="float: right; margin-top: -10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>TREITMAN, NEIL</b> <b>5301 W. CYPRESS STREET, SUITE 111</b> <b>TAMPA, FL 33607</b>			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 reappointing) DATE _____							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		Make check payable to <b>Florida Department of State</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>TREITMAN, NEIL</b>		NAME				
STREET ADDRESS	<b>5301 W. CYPRESS STREET, SUITE 111</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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.							
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
<small>Date</small> _____ <small>Daytime Phone #</small> _____							

30008251

