

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074090

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: MESA LAND HOLDINGS, LLC

**Current Principal Place of Business:**

7318 STATE ROAD 52  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7318 STATE ROAD 52  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 59-3786209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELOISE, TAYLOR  
7318 STATE ROAD 52  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELOISE, TAYLOR  
Address: 7318 STATE ROAD 52  
City-St-Zip: HUDSON, FL 34667

Title: MGRM ( ) Delete  
Name: SALLY, MORRIS A  
Address: 7316 STATE ROAD 52  
City-St-Zip: HUDSON, FL 34667

Title: MGRM ( ) Delete  
Name: BENNETT, CONSTANCE H  
Address: 5106 LIMESTONE DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELOISE TAYLOR

MGM

02/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date