

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000075980**

1. Entity Name  
**GAINESVILLE LAND ASSOCIATES, LLC**



Principal Place of Business

**C/O LAWRENCE S. KLITZMAN  
2200 NORTH COMMERCE PARKWAY, STE. 206  
WESTON, FL 33326**

Mailing Address

**C/O LAWRENCE S. KLITZMAN  
2200 NORTH COMMERCE PARKWAY, STE. 206  
WESTON, FL 33326**



08092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1236852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLITZMAN, LAWRENCE S  
2200 NORTH COMMERCE PARKWAY, STE. 206  
WESTON, FL 33326**

**DO NOT WRITE  
IN THIS SPACE**

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 September 6, 2006**

**U000000574920  
08/22/06-80002-024 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
REGIONAL INVESTMENT PROPERTIES, INC.  
2200 NORTH COMMERCE PARKWAY, STE. 206  
WESTON, FL 33326**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**5/1/06 9543844421**