
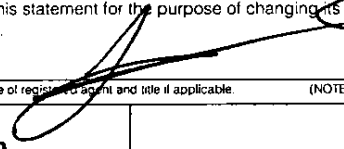
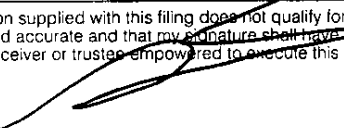


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90372 049 ****50.00

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	
2. Principal Place of Business - No P.O. Box # 1371 Sangrass Corp Pkwy		3. Mailing Address P.O. Box 267730	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sunrise, FL		City & State Weston, FL	
Zip 33325	Country USA	Zip 33326	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLITZMAN, LAWRENCE S 2200 NORTH COMMERCE PARKWAY, STE. 206 WESTON, FL 33326		Name 1371 Sangrass Corporate Parkway City Sunrise FL Zip Code 33325	
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 		DATE 4/30/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGIONAL INVESTMENT PROPERTIES, INC. 2200 NORTH COMMERCE PARKWAY, STE. 206 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1371 Sangrass Corporate Parkway Sunrise, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/30/07 Daytime Phone # 954-384-9421	

60049059



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1236852
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required