

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90054 050 ***138.75

DOCUMENT # L04000075980

1. Entity Name
GAINESVILLE LAND ASSOCIATES, LLC



Principal Place of Business
**1391 SAWGRASS CORP PKWY
SUNRISE, FL 33325**

Mailing Address
**PO BOX 267430
WESTON, FL 33326**

60030601



2. Principal Place of Business - No P.O. Box #
1391 SAWGRASS CORP PKWY

3. Mailing Address
Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State
Suite, Apt. #, etc.

Zip
33325

Country
USA

Zip
Country

02112008 Chg-LLC CR2E083 (12/06)

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
1391 SAWGRASS CORP PKWY
SUNRISE, FL 33325**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1391 Sawgrass Corporate Parkway

City
Sunrise

State
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**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. 1391 SAWGRASS CORP PKWY SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1391 Sawgrass Corporate Parkway Sunrise, FL 33325
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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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]* **For MANAGER** **4-15-08** **904-384-4421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #