

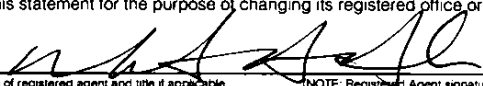
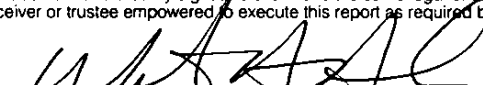


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90425 022 \*\*\*\*55.00

<b>DOCUMENT # L04000076856</b>					
<b>1. Entity Name</b> 2M LAND DEVELOPMENT LLC				<b>20010924</b>	
<b>Principal Place of Business</b> 811 SOUTH DEPOT STREET PO BOX 981 BONIFAY, FL 32425			<b>Mailing Address</b> P.O. BOX 981 BONIFAY, FL 32425		
<b>2. Principal Place of Business</b> 115 N. Waukesha St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 115 N Waukesha St. Suite, Apt. #, etc.			
<b>City &amp; State</b> Bonifay, FL		<b>City &amp; State</b> Bonifay, FL		<b>4. FEI Number</b> 20-1983839	
<b>Zip</b> 32425		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HOWELL, MICHAEL 811 SOUTH DEPOT STREET BONIFAY, FL 32425				<b>7. Name and Address of New Registered Agent</b> Name: Michael A Alvis Street Address (P.O. Box Number is Not Acceptable): 115 N. Waukesha St. City: Bonifay FL Zip Code: 32425	
<b>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.</b>					
<b>SIGNATURE</b>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<b>DATE</b> 2-23-06	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> HOWELL, MICHAEL PO BOX 981 BONIFAY, FL 32425 <input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	811 South Depot St. Bonifay, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> ALVIS, MIKE PO BOX 981 BONIFAY, FL 32425 <input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	115 N. Waukesha St. Bonifay, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>DATE</b> 2/23/06	
				<b>Daytime Phone #</b> (850) 547-9400	