2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2008 08:00 AN Secretary of State

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DOCUMENT # 1. Entity Name LAND COMPANY OF					
Principal Place of Business 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444	US	Mailing Address 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444	US		

101 PUGLIE	se of Business SE'S WAY ACH, FL 33444 US	Mailing Address 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444 US		
DO NOT WRITE IN THIS SPACE			02082008 No Chg-LLC CR2E083 (12/07)	
6. Name and Address of Current Registered Agent REAMER, JOSEPH 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444		Registered Agent	DO NOT WRITE IN THIS SPACE	
B. 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, hipped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75				
After May	/ 1, 2008 Fee will be \$538.75		,	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR PUGLIESE, ANTHONY V III 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444	MS/MANAGENS	000000850383 03/24/08-80004-008 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby o	certify that the information supplied with	this filling does not qualify for the exemp	tions 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 it 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 OF FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561-454-1664

Date

Daytime Phone ∉