

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083418

Entity Name: RAW LAND LLC

FILED
Jun 09, 2005
Secretary of State

Current Principal Place of Business:

190 CUMBERLAND AVENUE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

190 CUMBERLAND AVENUE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-1877863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEEKS, DAVID J
Address: 190 CUMBERLAND AVENUE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Delete
Name: ARNOLD, ROBIN
Address: 3891 OLDFIELD TR
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGR () Delete
Name: REXROAT, JIM
Address: 413 BUSHNELL CT
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID WEEKS

MRG

06/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date