# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 10, 2007 08:00 A**
**Secretary of State**

DOCUMENT # L04000088510

1. Entity Name
BERESFORD LANDING LLC

| Principal Place of Business | Mailing Address |
|---|---|
| ATTN: JAMES L. WILLIAMS<br>1895 W. BERESFORD ROAD<br>DELAND, FL 32720 | ATTN: JAMES L. WILLIAMS<br>1895 W. BERESFORD ROAD<br>DELAND, FL 32720 |

**DO NOT WRITE IN THIS SPACE**

04052007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1990812
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLLIAMS, JAMES L
1895 W BERSFORD ROAD
DELAND, FL 32720

**DO NOT WRITE IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | WILLIAMS, JAMES L |
| STREET ADDRESS | 1895 W BERESFORD ROAD |
| CITY-ST-ZIP | DELAND, FL 32720 |
| TITLE | MGR |
| NAME | WILLIAMS, LAURA |
| STREET ADDRESS | 1895 WEST BERESFORD ROAD |
| CITY-ST-ZIP | DELAND, FL 32720 |
| TITLE | MGR |
| NAME | BURDA, BRANDY |
| STREET ADDRESS | 1450 ALEXANDRA DRIVE |
| CITY-ST-ZIP | DELAND, FL 32720 |
| TITLE | MGR |
| NAME | RANK, DAWN |
| STREET ADDRESS | 166 CRYSTAL OAK DRIVE |
| CITY-ST-ZIP | DELAND, FL 32720 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000697564
04/18/07-80045-017 50.00

**DO NOT WRITE IN THIS SPACE**

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:** _____ 4-4-07 8006007522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #