

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089328

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: PROMISE LAND INDUSTRIES, LLC

**Current Principal Place of Business:**

8560 N. SHERMAN CIRCLE, STE. 206  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

8560 N. SHERMAN CIRCLE, STE. 206  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 43-2068615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIBAND, ADRIAN  
4466 N.W. 18 DR.  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

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/MEMBERS:**

Title: MGR ( ) Delete  
Name: CUMMINGS, DARRYL  
Address: 2641 HURON WAY  
City-St-Zip: MIRAMAR, FL 33025

Title: MGR ( ) Delete  
Name: EDWARDS, ANDRE  
Address: 608 NW 108TH TERRACE  
City-St-Zip: HOLLYWOOD, FL 33026

Title: MGRM ( ) Delete  
Name: WILLIAMS, LEIGHTON  
Address: 17092 NW 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR ( ) Delete  
Name: PLOCHE, BEAVEN  
Address: 8560 N. SHERMAN CIRCLE, STE. 206  
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM ( ) Delete  
Name: CUMMINGS, STEPHEN  
Address: 2641 HURON WAY  
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM ( ) Delete  
Name: BROWN, THEODORE  
Address: 1840 NW 170TH STREET  
City-St-Zip: OPA LOCKA, FL 33056

**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:

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: ANDRE EDWARDS

MGR

04/28/2005

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