

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90005 038 \*\*\*\*50.00

DOCUMENT # L04000089816	
1. Entity Name FLA-LAND, LLC	

Principal Place of Business 14952 U.S. HIGHWAY 90 LIVE OAK, FL 32060	Mailing Address 14952 U.S. HIGHWAY 90 LIVE OAK, FL 32060
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**DO NOT WRITE IN THIS SPACE**



02092006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 65-1237543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~NOBLES, RANDY~~ Nobles, Randy  
 14952 US 90  
 LIVE OAK, FL 32060  
 (same as line #9)

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

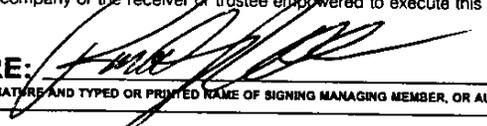
**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOBLES, RANDY 14952 US 90 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:       4-18-06      386-362-7814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #