


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90039 010 ****50.00

DOCUMENT # L04000091042	
1. Entity Name LAND INNOVATIONS, LLC	

Principal Place of Business 220 ANN CIRCLE SUITE 4 DESTIN, FL 32534-1 US	Mailing Address 220 ANN CIRCLE SUITE 4 DESTIN, FL 32534-1 US
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20000541



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 37-1504049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BARKER, CRAIG H 220 ANN CIRCLE SUITE 4 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: CRAIG H. BARKER PRESIDENT DATE: 1/12/06

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKER, CRAIG H 3863 INDIAN TRAIL #105 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKER, CALLIE R 3863 INDIAN TRAIL #105 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: CRAIG H. BARKER DATE: 1/9/06 DAYTIME PHONE: 850-837-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE