

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-12-2006 90039 003 \*\*\*\*50.00

**DOCUMENT # L04000091044**

**1. Entity Name**  
**LAND INNOVATION GROUP, LLC**



<b>Principal Place of Business</b> 220 ANN CIRCLE SUITE 4 DESTIN, FL 32541 US	<b>Mailing Address</b> 220 ANN CIRCLE SUITE 4 DESTIN, FL 32541 US
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**20000548**



<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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01092006 Chg-LLC CR2E083 (11/05)

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 37-1504053	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

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

<b>6. Name and Address of Current Registered Agent</b>  BARKER, CRAIG H 3863 INDIAN TRAIL #105 DESTIN, FL 32541	<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKER, CRAIG H 3863 INDIAN TRAIL #105 DESTIN, FL 32541 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKER, CALLIE R 3863 INDIAN TRAIL #105 DESTIN, FL 32541 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 **CRAIG H BARKER** 1/9/06 850-837-5082  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #