2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000091644

1. Entity Name
F, D & C LAND COMPANY, LLC

Principal Place of Business	Mailing Address
640 EAST PLANT STREET WINTER GARDEN, FL 34787 US	640 EAST PLANT STREET WINTER GARDEN, FL 34787 US

DO NOT WRITE IN THIS SPACE

02142006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2026852
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, RICHARD H
640 EAST PLANT STREET
WINTER GARDEN, FL 34787

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7. 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 _____ DATE
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

U00000516219
04/29/06-80239-020 50.00

8.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FREEMAN, RICHARD H
STREET ADDRESS	640 EAST PLANT STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	DAVIS, BRIAN
STREET ADDRESS	340 LAKEVIEW ROAD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	DAVIS, PAM
STREET ADDRESS	340 LAKEVIEW ROAD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	CRAEN, MARC F
STREET ADDRESS	2672 UNIVERSITY ACRES DRIVE
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	MGRM
NAME	P. H. FREEMAN & SON, INC.
STREET ADDRESS	640 EAST PLANT STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Richard H Freeman 4-13-06 407-656-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Richard H Freeman