

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000091644

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



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

Mailing Address  
640 EAST PLANT STREET  
WINTER GARDEN, FL 34787 US



04172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000738185  
05/11/07-80049-021 50.00

**9. 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	

**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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_