

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000091644 1. Entity Name F, D & C LAND COMPANY, LLC	
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Principal Place of Business 640 EAST PLANT STREET WINTER GARDEN, FL 34787 US	Mailing Address 640 EAST PLANT STREET WINTER GARDEN, FL 34787 US
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01152008 No Chg-LLC

CR2E083 (12/07)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

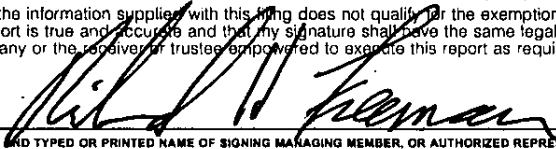
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000881407
04/15/08-80099-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, RICHARD H 640 EAST PLANT STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, BRIAN 340 LAKEVIEW ROAD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, PAM 340 LAKEVIEW ROAD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAEN, MARC F 2672 UNIVERSITY ACRES DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM P. H. FREEMAN & SON, INC. 640 EAST PLANT STREET 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 608, Florida Statutes.

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

Date

Daytime Phone #