

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 012 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

50006039

DOCUMENT # L04000094317					
1. Entity Name J. BLAND LAND DEVELOPEMNT COMPANY, LLC					
Principal Place of Business 6807 SW 48TH AVENUE PALM CITY FARMS, FL 34990			Mailing Address 6807 SW 48TH AVENUE PALM CITY FARMS, FL 34990		
2. Principal Place of Business - No P.O. Box # 22 Devonshire Drive Suite, Apt. #, etc.		3. Mailing Address 22 Devonshire Drive Suite, Apt. #, etc.		04142008 Chg-LLC CR2E083 (12/06)	
City & State Barnsley, South Yorkshire		City & State Barnsley, South Yorkshire		4. FEI Number 20-2107733 Applied For ☐ Not Applicable	
Zip S751ED	Country England	Zip S751ED	Country England	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAND, JULIAN 6807 SW 48TH AVENUE PALM CITY FARMS, FL 34990			7. Name and Address of New Registered Agent Name Devin R. Maxwell, Esq. Street Address (P.O. Box Number is Not Acceptable) 405 NW 3rd Street City Okeechobee FL Zip Code 34972		
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 <u>X</u> <u>Julian Bland</u> DATE <u>4-23-08</u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLAND, JULIAN 6807 SW 48TH AVENUE PALM CITY FARMS, FL 34990 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Bland, Julian 22 Devonshire Drive Barnsley, South Yorkshire S751ED ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>X</u> <u>Julian Bland</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-23-08 01144122628288 Date Deponent Phone #		