

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006696

FILED  
Mar 07, 2006  
Secretary of State

Entity Name: CENTRAL FLORIDA LAND INVESTMENTS, LLC

**Current Principal Place of Business:**

8400 THE ESPLANADE  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 652  
GOTHA, FL 32836

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSI, JOHN  
75 75 DR PHILLIPS BLVD  
ORLANDO, FL 32836 US

**Name and Address of New Registered Agent:**

HARGREAVES, MIKE A II  
8400 THE ESPLANADE  
ORLANDO, FL 32836 US

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.

SIGNATURE: MIKE HARGREAVES II 03/07/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  Delete  
Name: HARGREAVES, MIKE A II  
Address: 8400 THE ESPLANADE  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES:**

Title: MGR  Delete  
Name: ABUGHERIR, AMER H  
Address: 8400 THE ESPLANADE  
City-St-Zip: ORLANDO, FL 32836

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE HARGREAVES II 03/07/2006  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date