

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009553

Entity Name: LAND SOLUTIONS, LLC

FILED  
Feb 13, 2007  
Secretary of State

## Current Principal Place of Business:

1641 MANOR AVE  
FORT MYERS, FL 33901 US

## New Principal Place of Business:

1202 SE 8TH PLACE  
SUITE A  
CAPE CORAL, FL 33990 US

## Current Mailing Address:

1641 MANOR AVE  
FORT MYERS, FL 33901 US

## New Mailing Address:

1202 SE 8TH PLACE  
SUITE A  
CAPE CORAL, FL 33990 US

FEI Number: 20-2337611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR, INC  
2730 WHITE SANDS DRIVE  
SUITE 3-A  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CUMMINGS, BRYON S  
Address: 1641 MANOR AVE  
City-St-Zip: FORT MYERS, FL 33901 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CUMMINGS, BRYON S  
Address: 1202 SE 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM ( ) Change (X) Addition  
Name: YOUNGER, LESLIE  
Address: 1202 SE 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYON S. CUMMINGS

MGRM

02/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date