


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000012440
 1. Entity Name
 GINGER LAND ACQUISITIONS, LLC



Principal Place of Business: 1085 BUSINESS LANE, SUITE 10, NAPLES, FL 34110
 Mailing Address: 1085 BUSINESS LANE, SUITE 10, NAPLES, FL 34110

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01022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1660169	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLEMAN, KEVIN G
 4001 TAMiami TRAIL NORTH, SUITE 300
 NAPLES, FL 34103

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARFEL, DAMON F 1085 BUSINESS LANE SUITE 10 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WARFEL, NANETTE O 1085 BUSINESS LANE SUITE 10 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WHITNEY, SCOTT R 22759 FOUNTAIN LAKES BLVD ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/07-80020-025 55.00

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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:  **DAMON F. WARFEL** 1/2/07 239-592-7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #