


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90077 027 \*\*\*138.75

<b>DOCUMENT # L05000017251</b> 1. Entity Name <b>SPUD LAND HOLDING LLC</b>					
Principal Place of Business <b>5900 SW 39TH COURT DAVIE, FL 33314 US</b>			Mailing Address <b>5900 SW 39TH COURT DAVIE, FL 33314 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7760 NW 50th Street</b>		3. Mailing Address <b>P.O. Box 449</b>			
Suite, Apt. #, etc. <b>Apt 301</b>		Suite, Apt. #, etc.			
City & State <b>Lauderhill FL</b>		City & State <b>Norris TN</b>		4. FEI Number <b>51-0543850</b>	
Zip <b>33351</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33351</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>TORZEWSKI, SUSAN O 5900 SW 39TH COURT DAVIE, FL 33314</b>	
7. Name and Address of New Registered Agent Name <b>Harold Greenbaum</b>		Street Address (P.O. Box Number is Not Acceptable) <b>7760 NW 50th Street</b>			
City <b>Lauderhill</b>		State <b>FL</b>			
Zip Code <b>33351</b>		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 <b>Harold Greenbaum</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE <b>8/28/08</b>			
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGRM</b>	NAME <b>TORZEWSKI, WARREN</b>		TITLE <b>MGRM</b>	NAME <b>Torzewski, Warren</b>	
STREET ADDRESS <b>5900 SW 39TH COURT</b>	CITY-ST-ZIP <b>DAVIE, FL 33314</b>		STREET ADDRESS <b>64 Deer Ridge Road</b>	CITY-ST-ZIP <b>Norris TN 37828</b>	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>MGRM</b>	NAME <b>TORZEWSKI, SUSAN O</b>		TITLE <b>MGRM</b>	NAME <b>Torzewski, Susan O</b>	
STREET ADDRESS <b>5900 SW 39TH COURT</b>	CITY-ST-ZIP <b>DAVIE, FL 33314</b>		STREET ADDRESS <b>64 Deer Ridge Road</b>	CITY-ST-ZIP <b>Norris TN 37828</b>	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Warren Taylor</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>8-28-08</b>		Daytime Phone # <b>954-257-9750</b>