

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017262

Entity Name: LAND VENTURES LLC

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 6372
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6372
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 86-1130708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

T.A.S. INVESTMENTS OF N.W.F., INC.
702 PROVIDENCE WAY
NICEVILLE, FL 32578 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: MGR () Delete
Name: T.A.S. INVESTMENTS O, F N.W.F. INC
Address: 702 PROVIDENCE WAY
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGR () Delete
Name: RICHARDSON, MAXWELL M JR
Address: 7131 DEER HAVEN RD S
City-St-Zip: SOUTHPORT, FL 32409 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: T.A.S. INVESTMENTS O, F N.W.F. INC
Address: 702 PROVIDENCE WAY
City-St-Zip: NICEVILLE, FL 32578 US

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

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: TROY SHELDON

MGRM

05/22/2006

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