

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019208

FILED
Mar 01, 2006
Secretary of State

Entity Name: LAND BANK DEVELOPMENT, LLC

Current Principal Place of Business:

6360 PRESIDENTIAL COURT, UNIT 3A
FORT MYERS, FL 33919

New Principal Place of Business:

6360 PRESIDENTIAL COURT, UNIT 3
FORT MYERS, FL 33919

Current Mailing Address:

6360 PRESIDENTIAL COURT, UNIT 3A
FORT MYERS, FL 33919

New Mailing Address:

6360 PRESIDENTIAL COURT, UNIT 3
FORT MYERS, FL 33919

FEI Number: 20-2391902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BOULEVARD
SUITE 320
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BOULEVARD
FORT MYERS, FL 33919 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:

03/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SOLLOWAY, CLARENCE E
Address: 6360 PRESIDENTIAL CT #3
City-St-Zip: FORT MYERS, FL 33919

Title: MGR () Change (X) Addition
Name: SOLLOWAY, DEBORAH L
Address: 6360 PRESIDENTIAL CT #3
City-St-Zip: FORT MYERS, FL 33919

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: CLARENCE E SOLLOWAY

MGRM

03/01/2006

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