


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000025953</b> 1. Entity Name <b>S &amp; R LAND COMPANY, LLC</b>	
--	---

Principal Place of Business <b>12400 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407</b>	Mailing Address <b>12400 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>13-4295962</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HARMON, DANIEL III  
427 MCKENZIE AVENUE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

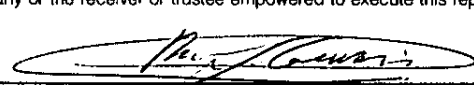
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000876874  
04/11/08-80089-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASSRAF, SHLOMO 12400 FRONT BEACH ROAD PANAMA CITY, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARAMI, ROY G P. O. BOX 19528 PANAMA CITY BEACH, FL 32417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **3/30/08** **850-2582365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #