

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-13-2006 90031 005 ****50.00

DOCUMENT # L05000031502 1. Entity Name FLORIDA LAND DEVELOPMENT & CLEARING, LLC					
Principal Place of Business 740 COMMERCE DRIVE UNIT 9 VENICE, FL 34292			Mailing Address 740 COMMERCE DRIVE UNIT 9 VENICE, FL 34292		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 140 RICH STREET Suite, Apt. #, etc.		
City & State City: VENICE State: FL			4. FEI Number 20-2592971		
Zip 34292		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADRIAN, DENNIS 740 COMMERCE DRIVE UNIT 9 VENICE, FL 34292				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
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 reissuing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ADRIAN, DENNIS 740 COMMERCE DRIVE VENICE, FL 34292 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SIXTY ONE HOLDINGS, LLC 401 COMMERCIAL COURT SUITE A VENICE, FL 34292 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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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 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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