## 2007 LIMITED LIABILITY COMPANY

## Mar 19, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # L05000031594 03-19-2007 90463 034 \*\*\*\*50 00 CENTRAL FLORIDA LAND GROUP L.L.C. Principal Place of Business Mailing Address 5450 MARY'S VILLA RD. 5450 MARY'S VILLA RD. GROVELAND, FL 34736 GROVELAND, FL 34736 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Keith Stewart STEWART, J. KEITH Street Address (P.O. Box Number is Not Acceptable) 5450 Mary's VIIIa Ko 17350 SUMMER OAK LANE CLERMONT, FL 34711 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 me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Delete ☐ Change Addition TITLE TITLE STEWART, JOSEPH K NAME NAME 5450 MARY'S VILLA RD. STREET ADDRESS STREET ADORESS CITY-ST-ZP GROVELAND, FL 34736 CTTY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ■ Addition STEWART, CARL W JR NAME NAME PO BOX 492634 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34749 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition BELIVEAU, GREG MAME MARKE STREET ADDRESS 1162 CAMP AVE STREET ADDRESS CITY-ST-ZIP MT DORA, FL 32757 CTY-ST-7P ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/P TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #