

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90121 006 ***138.75

DOCUMENT # L05000031594

1. Entity Name
CENTRAL FLORIDA LAND GROUP L.L.C.



Principal Place of Business

**5450 MARY'S VILLA RD.
GROVELAND, FL 34736**

Mailing Address

**5450 MARY'S VILLA RD.
GROVELAND, FL 34736**

60006221



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, J. KEITH
5450 MARY VILLA RD
GROVELAND, FL 34736**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEWART, JOSEPH K
5450 MARY'S VILLA RD.
GROVELAND, FL 34736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEWART, CARL W JR
PO BOX 492634
LEESBURG, FL 34749**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BELIVEAU, GREG
1162 CAMP AVE
MT DORA, FL 32757**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CARL W. STEWART, JR

Date

Daytime Phone #