

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033825

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAND INVESTMENT DEVELOPMENT GROUP, L.L.C.

Current Principal Place of Business:

786 BEAL PARKWAY N.W. STE 3B
FORT WALTON BEACH, FL 325473993

New Principal Place of Business:

Current Mailing Address:

786 BEAL PARKWAY N.W. STE 3B
FORT WALTON BEACH, FL 325473993

New Mailing Address:

FEI Number: 20-2632751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERMANN, RICHARD P
25 WALTER MARTIN ROAD N.E. STE 101
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KURZ, GUENTER
Address: 304 NOBLE FAIRE DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGRM () Delete
Name: DABIT, ELIAS
Address: 1209 FERN CREST DR
City-St-Zip: JACKSON, MS 39211

Title: MGRM () Delete
Name: SHAMIEH, FAYEZ K MD,MC
Address: 3334 PORTRUSH DR
City-St-Zip: LAKE CHARLES, LA 70605

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ESTEPHAN DAHER

PRES

04/30/2008

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