

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-04-2006 90033 037 ****50.00

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DOCUMENT # L05000035768 1. Entity Name DCR LAND DEVELOPMENT, LLC					
Principal Place of Business 183 BARRY AVENUE LITTLE TORCH KEY, FL 33042			Mailing Address 183 BARRY AVENUE LITTLE TORCH KEY, FL 33042		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17 SHIPS WAY			
City & State		City & State BIG PINE KEY FL		4. FEI Number 20-2940956 Applied For Not Applicable	
Zip	Country	Zip 33043	Country MONROE	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WAYNE L 333 FLEMING STREET KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name: WALTER LEEMAN Street Address (P.O. Box Number is Not Applicable) 17 SHIPS WAY City: BIG PINE KEY FL Zip: 33043	
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: <i>Walter E. Leeman</i> (NOTE: Registered Agent signature required when re-registering) DATE:					
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-ST-ZIP	MGR LEEMAN, WALTER E 128 E. CARIBBEAN DRIVE SUMMERLAND KEY, FL 33042	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 SHIPS WAY BIG PINE KEY FL 33043
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEMAN, DAMON P 128 E. CARIBBEAN DRIVE SUMMERLAND KEY, FL 33042	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 SHIPS WAY BIG PINE KEY FL 33043
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEMAN, RYAN K 128 E. CARIBBEAN DRIVE SUMMERLAND KEY, FL 33042	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 SHIPS WAY BIG PINE KEY FL 33043
☐ Change ☐ Addition		☒ Change ☐ Addition			
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☐ Change ☐ Addition		☐ Change ☐ Addition			
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: <i>Walter E. Leeman</i>				Date: 4/24/06 Time: 305-872-3200	