# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 26, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # L05000035768

1. Entity Name
DCR LAND DEVELOPMENT, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 183 BARRY AVENUE<br>LITTLE TORCH KEY, FL 33042 | 17 SHIPS WAY<br>BIG PINE KEY, FL 33043 |

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2940956
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEEMAN, WALTER
17 SHIPS WAY
BIG PINE KEY, FL 33043

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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 Walter Leeman 1-22-2007
Signature, typed or printed name 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**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | LEEMAN, WALTER E |
| STREET ADDRESS | 17 SHIPS WAY |
| CITY-ST-ZIP | BIG PINE KEY, FL 33043 |
| TITLE | MGRM |
| NAME | LEEMAN, DAMON P |
| STREET ADDRESS | 17 SHIPS WAY |
| CITY-ST-ZIP | BIG PINE KEY, FL 33043 |
| TITLE | MGRM |
| NAME | LEEMAN, RYAN K |
| STREET ADDRESS | 17 SHIPS WAY |
| CITY-ST-ZIP | BIG PINE KEY, FL 33043 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
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| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/30/07-80030-003 50.00

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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 608, Florida Statutes

**SIGNATURE:** John Sipes 1-23-07 305 872 3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #