

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90126 050 \*\*\*138.75

**DOCUMENT # L05000035768**

1. Entity Name  
DCR LAND DEVELOPMENT, LLC



Principal Place of Business  
183 BARRY AVENUE  
LITTLE TORCH KEY, FL 33042

Mailing Address  
17 SHIPS WAY  
BIG PINE KEY, FL 33043

**60027301**



04212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**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  
LEEMAN, WALTER E  
128 E CARIBBEAN DR  
SUMMERLAND KEY, FL 33042

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LEEMAN, DAMON P  
128 W CARIBBEAN DR  
SUMMERLAND KEY, FL 33042

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LEEMAN, RYAN K  
128 E CARIBBEAN DR  
SUMMERLAND KEY, FL 33042

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:** *Walter Leeman*

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

Date

Daytime Phone #