

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039839

Entity Name: ALBANY LAND, LLC

FILED  
Jul 03, 2007  
Secretary of State

## Current Principal Place of Business:

520 N. ORLANDO AVE.  
#200  
WINTER PARK, FL 32789

## New Principal Place of Business:

743 N. SHINE AVE.  
ORLANDO, FL 32803

## Current Mailing Address:

520 N. ORLANDO AVE  
#200  
WINTER PARK, FL 32789

## New Mailing Address:

743 N. SHINE AVE.  
ORLANDO, FL 32803

FEI Number: 25-1915570      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

KOVAR, ERIC F  
520 N. ORLANDO AVE  
#200  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

KOVAR, ERIC F  
743 N. SHINE AVE.  
ORLANDO, FL 32803 US

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: ERIC F KOVAR

07/03/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KOVAR, ERIC F MGR  
Address: 520 N. ORLANDO AVE, #200  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KOVAR, ERIC F MGR  
Address: 743 N. SHINE AVE.  
City-St-Zip: ORLANDO, FL 32803

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: ERIC F KOVAR

MGR

07/03/2007

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