

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-03-2006 90004 042 ****50.00

DOCUMENT # L05000040585					
1. Entity Name REPUBLIC LAND HOLDINGS, L.L.C.					
Principal Place of Business 2018 S.E. 21ST STREET CAPE CORAL, FL 33990			Mailing Address 2018 S.E. 21ST STREET CAPE CORAL, FL 33990		
2. Principal Place of Business 2018 SE 21ST ST.			3. Mailing Address 2018 SE 21ST ST.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Cape Coral FL			City & State Cape Coral FL		
Zip 33990	Country Lee	Zip 33990	Country Lee	4. FEI Number 20-4472201	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BLOW, DALE 2018 S.E. 21ST STREET CAPE CORAL, FL 33990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>Dale A. Blow</i>		SIGNATURE <i>Dale A. Blow</i>		DATE 3-1-06	
Filing Fee is \$60.00 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	MGRM BLOW, DALE A 2018 S.E. 21ST STREET CAPE CORAL, FL 33990 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOW, JON M 7 OREGON AVENUE OLD ORCHARD BEACH, ME 04064 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Blow, Jon M 2028 SW 14th Place Cape Coral FL 33991 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT VIERA, P.A. 1411 S.E. 39TH TERRACE CAPE CORAL, FL 33904 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT DE RUPO, P.A. 2219 S.E. 10TH LANE CAPE CORAL, FL 33990 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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>Dale A. Blow</i>		SIGNATURE: <i>DALE A. BLOW</i>		DATE 3-1-06 239-722-9354	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30003101



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