## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000042328

1. Entity Name ALACHUA LAND TRUST, LLC



**FILED** Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

5630 N. HIGHWAY 441 OCALA, FL 34475

Mailing Address

5630 N. HIGHWAY 441 OCALA, FL 34475



DO NOT WRITE IN THIS SPACE

03252007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 56-2511941 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BORING, WATER 5630 N. HIGHWAY 441 OCALA, FL 34475

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	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		U00000687599 04/10/07-80046-006 50.00	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGR BORING, WALTER 5630 N. HIGHWAY 441 OCALA, FL 34475		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Marie Aller (1997年) Aller (1997年) September (1997年) Aller (1997年)

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

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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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