


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90380 010 ****50.00

DOCUMENT # L05000045283	
1. Entity Name VICTORY LAND DEVELOPMENT, LLC	

Principal Place of Business 6215 ANGUS DR LAKELAND, FL 33810 US	Mailing Address PO BOX 7166 WINTER HAVEN, FL 33883 US
---	---

60049487

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2225 E. EDGEWOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 14
City & State	City & State LAKELAND FL
Zip	Zip 33803
Country	Country POLK



03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2797247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PROFESSIONAL TAX CONSULTANTS, INC. 112 AVENUE E SW WINTER HAVEN, FL 33880	
7. Name and Address of New Registered Agent Name PROFESSIONAL TAX CONSULTANTS INC. Street Address (P.O. Box Number is Not Acceptable) 2225 E. EDGEWOOD DR. SUITE 14 City LAKELAND FL Zip Code 33803	

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 Mary Ann Bauerle (NOTE: Registered Agent signature required when reinstating) **3-27-07** DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEACH, JAMES M 6215 ANGUS DR LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEACH, VICTORIA L 6215 ANGUS DR LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEACH, ANTHONY J 6215 ANGUS DR LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Victoria Leach **4/10/07** DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #