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May 01, 2007 8:00 am
Secretary of State
05-01-2007 90322 034 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000045672

1. Entity Name
NORTHEAST FLORIDA LANDHOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809	5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809

DO NOT WRITE IN THIS SPACE

01152007No Chg-LLC CR2E081 (11/05)

4. FEI Number
20-4581998
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, JOE L
5529 U.S. HIGHWAY 98 NORTH
LAKELAND, FL 33809

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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: _____ (NOTE: Registered Agent signature required when mailing) DATE

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SAUNDERS, JOE L
STREET ADDRESS	5529 U.S. HIGHWAY 98 NORTH
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Robert
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Please Send Identity
TITLE	
NAME	
STREET ADDRESS	For This,
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	How Are The Tax
CITY-ST-ZIP	Returns Coming ??
TITLE	
NAME	
STREET ADDRESS	Sue
CITY-ST-ZIP	

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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: Joe L Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #