

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-28-2006 90023 018 ****50.00

DOCUMENT # L05000047568 1. Entity Name MLB LAND DEVELOPMENT, LLC					
Principal Place of Business 1418 GARFIELD STREET HOLLYWOOD, FL 33020				Mailing Address 1418 GARFIELD STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUNA-HAIR, MARITZA C 1418 GARFIELD STREET HOLLYWOOD, FL 33020				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable					
Filing Fee is \$50.00 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 LUNA-HAIR, MARITZA C 1418 GARFIELD STREET HOLLYWOOD, FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIR, KURT L 1418 GARFIELD STREET HOLLYWOOD, FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEISEL, WILLIAM J 8 COVENTRY WAY FORT LAUDERDALE, FL 33305	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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>Kurt L Hair</i> KURT L HAIR MGRM			4/26/06 954-605-8983		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2845497** Applied For ☐ Not Applicable

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