


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/15/2006-90009.005 \$55.00-\$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:06

DOCUMENT # L05000048105
1. Entity Name
LAND BUY OWNERS "LLC"



Principal Place of Business
35246 US HWY. 19 N
SUITE 164
PALM HARBOR, FL 34684

Mailing Address
35246 US HWY. 19 N
SUITE 164
PALM HARBOR, FL 34684



2. Principal Place of Business
Home
Suite, Apt. #, etc.
3825 Baden Dr
City & State
Holiday Palm Harbor FL

3. Mailing Address
35246 US Hwy 19 N
Suite, Apt. #, etc.
Suite 164
City & State
Palm Harbor, FL
Zip
34684 Country
Armedilla

09142006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MICHAEL L LAMBERT L
3825 BADEN DR.
HOLIDAY, FL 34691

7. Name and Address of Now Registered Agent
Name
Michael L Lambert
Street Address (P.O. Box Number is Not Acceptable)
3825 BADEN DR
City
Holiday FL 34691 FL Zip Code
34691

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: *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00 Due by September 15, 2006

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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managing member
Michael Lambert
3825 Baden Dr
Holiday FL 34691

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: *[Signature]* Michael L Lambert 9-14-06 727-938-4635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #