

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049378

Entity Name: LANDWISE FLORIDA REALTY, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

955 S.W. BAYA DRIVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

955 S.W. BAYA DRIVE
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 20-2733854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARBY, MICHAEL M
955 S.W. BAYA DRIVE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANDWISE BUSINESS MANAGEMENT
Address: 955 S.W. BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: MGR () Delete
Name: DARBY, MICHAEL M
Address: 343 SW STONEGATE TERRACE
City-St-Zip: LAKE CITY, FL 32024

Title: MGR () Delete
Name: DARBY, MICHAEL M
Address: 955 SW BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANDWISE HOLDING COMPANY, LLC
Address: 955 S.W. BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL M DARBY

MGR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date