2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90014 021 ****55.00

DOCUMENT # L05000050325

1. Entity Name
HOMES & LAND OF FLORIDA LLC

Principal Place of Business	Mailing Address
20020 VETERANS BLVD., UNIT #21 PORT CHARLOTTE, FL 33954 Chg.	20230 ASTORIA AVE PORT CHARLOTTE, FL 33952

01052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
20230 Astoria Ave	20230 Astoria Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33952 Country: Charlotte	Zip: 33952 Country: Charlotte

4. FEI Number 47-095-7969 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, MELANIE B
20230 ASTORIA AVE
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	FRIEDMAN, MELANIE B	
STREET ADDRESS	20230 ASTORIA AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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: Melanie B. Friedman 4/7/06 941-380-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #