2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053984

Name:

Address:

City-St-Zip:

COOPER, JAMES

390 CORAL CREEK DRIVE

CAPE HAZE, FL 33946

Entity Name: 10-75 LAND HOLDINGS, LLC

FILED May 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21 SPORTSMAN ROAD ROTONDA WEST, FL 33947 **Current Mailing Address: New Mailing Address:** 21 SPORTSMAN ROAD ROTONDA WEST, FL 33947 FEI Number: 20-3033102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUNDERSON, MIKO P 1861 PLACIDA ROAD SUITE 204 ENGLEWOOD, FL 34223 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ESTATE OF JAMES T. DUFF Name: Name: Address: 4900 PASAFINO COURT Address: City-St-Zip: LOUISVILLE, KY 40299 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: DUNN, CARY L Name: Address: 2032 HAWTHORNE STREET Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KEEN, JOHN T Name: Name: Address: 21 SPORTSMAN ROAD Address: City-St-Zip: ROTONDA WEST, FL 33947 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN KEEN MGRM 05/28/2009