# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L05000057002**

**1.** Entity Name
RHODINE LAND LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 400 N. NEW YORK AVE., SUITE 108 WINTER PARK, FL 32789 | P.O. BOX 508 WINTER PARK, FL 32790 |

**DO NOT WRITE IN THIS SPACE**

07202007 No Chg-LLC          CR2E083 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 76-0795081 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

SEYBOLD, LOUIS R
400 N. NEW YORK AVE., SUITE 108
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

**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 September 14, 2007**

8001068190088
07/27/07--01035--002  **900.00

| **9.** | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | SEYBOLD, LOUIS R |
| STREET ADDRESS | 400 N. NEW YORK AVE., SUITE 108 |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

BLT

**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:** _____     7-20-07     407-294-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #