

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2006 90040 043 ****50.00
L05000058464

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000058464

1. Entity Name
DE POWERS LAND INVESTMENT LLC



Principal Place of Business
**905 25TH DRIVE EAST
ELLENTON, FL 34222**

Mailing Address
**905 25TH DRIVE EAST
ELLENTON, FL 34222**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3000442

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARWICK, ROBERT D
905 25TH DRIVE EAST
ELLENTON, FL 34222**

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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: BARWICK, ROBERT D Delete
STREET ADDRESS: 905 25TH DRIVE EAST
CITY-ST-ZIP: ELLENTON, FL 34222

TITLE: Change Addition

TITLE: Delete

TITLE: MGR Change Addition
NAME: Bedford, Richard G.
STREET ADDRESS: 905 25th Drive East
CITY-ST-ZIP: Ellenton, FL 34222

TITLE: Delete

TITLE: MGR Change Addition
NAME: Barwick, Derrick A.
STREET ADDRESS: 905 25th Drive East
CITY-ST-ZIP: Ellenton, FL 34222

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/06 941-232-1832

Date

Daytime Phone #

Robert D. Barwick