## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90349 005 \*\*\*\*50.00 **DOCUMENT # L05000060343** 1. Entity Name EJB LAND, LLC 40014346 Mailing Address Principal Place of Business 349 SW MONTGOMERY DRIVE 349 SW MONTGOMERY DRIVE LAKE CITY, FL 32025 LAKE CITY, FL 32025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 20-3045331 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BREWER, SAMUEL FORD Street Address (P.O. Box Number is Not Acceptable) 349 SW MONTGOMERY DRIVE LAKE CITY, FL 32025 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME BREWER, SAMUEL FORD NAME STREET ADDRESS 349 SW MONTGOMERY DRIVE STREET ADORESS CITY-ST-ZIP LAKE CITY, FL 32025 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oe lete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De lete TITLE TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De lete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SAMUEL FORD

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

**FILED**