


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90033 017 ****50.00

DOCUMENT # L05000060343 1. Entity Name EJB LAND, LLC			
Principal Place of Business 349 SW MONTGOMERY DRIVE LAKE CITY, FL 32025		Mailing Address 349 SW MONTGOMERY DRIVE LAKE CITY, FL 32025	
2. Principal Place of Business - No P.O. Box # 164 NW MADISON ST Suite, Apt. #, etc. SUITE 102 City & State LAKE CITY FL Zip 32055 Country USA		3. Mailing Address PO Box 3659 Suite, Apt. #, etc. City & State LAKE CITY FL Zip 32056 Country USA	
6. Name and Address of Current Registered Agent BREWER, SAMUEL FORD 349 SW MONTGOMERY DRIVE LAKE CITY, FL 32025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 164 NW MADISON ST SUITE 102 City LAKE CITY FL Zip Code 32055	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREWER, SAMUEL FORD 349 SW MONTGOMERY DRIVE LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAPPS, DANIEL PO Box 3659 LAKE CITY FL 32056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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04012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3045331 Applied For
Not Applicable

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

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

Date

Daytime Phone #

DANIEL CRAPPS / MANAGER 4/17/07 386-755-5710