

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90040 007 \*\*\*138.75

**DOCUMENT # L05000060343**

1. Entity Name  
**EJB LAND, LLC**



Principal Place of Business  
**164 NW MADISON ST  
STE 102  
LAKE CITY, FL 32055**

Mailing Address  
**PO BOX 3659  
LAKE CITY, FL 32056**

**60039294**



2. Principal Place of Business - No P.O. Box #  
**2806 W US 90**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 101**

City & State

City & State

**LAKE CITY FL**

Zip  
**32055**

Country  
**USA**

Zip

Country

04302008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-3045331**

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

**BREWER, SAMUEL FORD  
164 NW MADISON ST STE 102  
LAKE CITY, FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2806 W US 90**

**SUITE 101**

City

**LAKE CITY**

FL

Zip Code

**32055**

I, 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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**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  
PO BOX 3659  
LAKE CITY, FL 32056** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DANIEL CRAPPES  
PO BOX 3659  
LAKE CITY FL 32056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ 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

Date

Daytime Phone #

**DANIEL CRAPPES Manager 4/30/08 386-755-5110**