2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000068712

1. Entity Name
NATIONAL LAND DEVELOPMENT, LLC

ᏻᏻᏻᏻᎽᏗᏮᎮ

Principal Place of Business	Mailing Address
1310 GULF BOULEVARD, UNIT 305	P.O. BOX 379
INDIAN ROCKS BEACH, FL 33785	BRADENTON BEACH, FL 34217

DO NOT WRITE IN THIS SPACE

02162007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3221544	Not Applicable

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

6. Name and Address of Current Registered Agent

HOLMSTROM, D. DEAN
2311 AVENUE C
BRADENTON BEACH, FL 34217

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 _D. Dean Holmstrom_   2-20-07

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 May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MCLAUGHLIN, DANIEL V
STREET ADDRESS	1310 GULF BOULEVARD, UNIT 305
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
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

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: _Daniel V Mclaughlin_   2/20/07

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