

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90025 015 ***138.75

DOCUMENT # L05000068712					
1. Entity Name NATIONAL LAND DEVELOPMENT, LLC					
Principal Place of Business 1310 GULF BOULEVARD, UNIT 305 INDIAN ROCKS BEACH, FL 33785			Mailing Address P.O. BOX 379 BRADENTON BEACH, FL 34217		
2. Principal Place of Business - No P.O. Box # 2418 AVENUE C		3. Mailing Address			
Suite, Apt. #, etc. #600		Suite, Apt. #, etc.			
City & State BRADENTON BEACH		City & State		4. FEI Number 20-3221544	
Zip 34217		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLMSTROM, D. DEAN 2311 AVENUE C BRADENTON BEACH, FL 34217			Name <u>D. Dean Holmstrom</u> Street Address (P.O. Box Number is Not Acceptable) <u>2418 AVENUE C #600</u> City <u>BRADENTON BEACH</u> <u>FL</u> Zip Code <u>34217</u>		
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 <u>D. Dean Holmstrom</u> 4-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGR MCLAUGHLIN, DANIEL V 1310 GULF BOULEVARD, UNIT 305 INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D. DEAN HOLMSTROM 2418 AVENUE C #600 BRADENTON BEACH FL 34217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>D. Dean Holmstrom</u>			4-29-08 941 778-8785		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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