

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90057 004 ****50.00

DOCUMENT # L05000074701

1. Entity Name
THE LANDINGS AT TWO MILE, L.L.C.



Principal Place of Business
235 WEST GULF BEACH BLVD. SUITE H
ST. GEORGE ISLAND, FL 32838

Mailing Address
235 WEST GULF BEACH BLVD. SUITE H
ST. GEORGE ISLAND, FL 32838

60044023



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1689953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FANN, ELLIOTT
235 WEST GULF BEACH BLVD. SUITE H
ST. GEORGE ISLAND, FL 32838

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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 _____

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 MGRM
NAME FANN, ELLIOTT
STREET ADDRESS 235 WEST GULF BEACH BLVD. SUITE H
CITY-ST-ZIP ST. GEORGE ISLAND, FL 32838

TITLE MGRM
NAME FANN, WILLIAM W
STREET ADDRESS 235 WEST GULF BEACH DRIVE, SUITE H
CITY-ST-ZIP ST. GEORGE ISLAND, FL 32328

TITLE MGRM
NAME CARROLL, JOHN B
STREET ADDRESS 235 WEST GULF BEACH DRIVE, SUITE H
CITY-ST-ZIP ST. GEORGE ISLAND, FL 32328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Wayne Fann 4-26-7 229-242-7575