

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90186 043 ***138.75

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008

Chg-LLC

CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *William W. Fann*

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

Date

Daytime Phone #

WILLIAM W. FANN
MGRM 4-16-B

229-241-1451