

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-19-2008 90186 038 ***138.75

DOCUMENT # L05000074705



1. Entity Name
TWO MILE LANDING, L.L.C.

Principal Place of Business
**235 WEST GULF BEACH DRIVE, SUITE H
ST. GEORGE ISLAND, FL 32328**

Mailing Address
**235 WEST GULF BEACH DRIVE, SUITE H
ST. GEORGE ISLAND, FL 32328**

60042063



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

3. Mailing Address

01302008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
20-4700989

Applied For
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FANN, ELLIOTT
235 WEST GULF BEACH DRIVE, SUITE H
ST. GEORGE ISLAND, FL 32328**

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

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

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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 Fann, MGRM 4-16-08 229-241451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #