2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000075146

Entity Name: FLORIDA LAND GROUP LLC

Current Principal Place of Business:

4819 NW 53 CIRCLE
COCONUT CREEK, FL 33073

New Principal Place of Business:

139 GULFVIEW DR
ISLAMORADA, FL 33036

Current Mailing Address:

4819 NW 53 CIRCLE
COCONUT CREEK, FL 33073

New Mailing Address:

139 GULF VIEW DRIVE
ISALMORADA, FL 33036

FEI Number: 04-3785013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPO, JONATHAN
4819 NW 53 CIRCLE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

LAHTI, GLEN
139 GULFVIEW DRIVE
ISLAMORADE, FL 33036 US

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.

SIGNATURE: JON CAMPO 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	(X) Delete
Name:	CAMPO, JONATHAN	
Address:	4819 NW 53 CIRCLE	
City-St-Zip:	COCONUT CREEK, FL 33073 US	
Title:	MGR	(X) Delete
Name:	CAMPO, THOMAS	
Address:	4819 NW 53 CIRCLE	
City-St-Zip:	COCONUT CREEK, FL 33073 US	
Title:	MGR	( ) Delete
Name:	LAHTI, GLENN	
Address:	139 GULF VIEW DR	
City-St-Zip:	ISLAMORADA, FL 33036 US	
Title:	MGR	( ) Delete
Name:	LAHTI, NADINE	
Address:	139 GULF VIEW DR	
City-St-Zip:	ISLAMORADA, FL 33036 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JON CAMPO MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date