

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90192 043 ****50.00

DOCUMENT # L05000077195

1. Entity Name

LOCO LAND PARTNERS LLC



Principal Place of Business

170 MAKARIOS DR, UNIT 2
ST. AUGUSTINE BEACH FL 32080

Mailing Address

170 MAKARIOS DR, UNIT 2
ST. AUGUSTINE BEACH FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1122783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

MCCULLOUGH, JOHN E
170 MAKARIOS DR, UNIT 2
ST. AUGUSTINE BEACH FL 32080

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MCCULLOUGH, JOHN E
STREET ADDRESS 170 MAKARIOS DR, UNIT 2
CITY - ST - ZIP ST. AUGUSTINE BEACH FL 32080

TITLE MGRM ☐ Delete
NAME LOCASALE, TOM
STREET ADDRESS 29 LINDA MAR DR.
CITY - ST - ZIP ST. AUGUSTINE BEACH FL 32080

TITLE MGRM ☐ Delete
NAME KUZIO, DAN
STREET ADDRESS 180 OCEAN HIBISCUS DR, UNIT D-101
CITY - ST - ZIP ST. AUGUSTINE BEACH FL 32080

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

TITLE ☐ Change ☐ Addition
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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 Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

1/20/06

904-471-9226