


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000077625 1. Entity Name EAST COLONIAL LAND LLC	
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Principal Place of Business 9001 EAST COLONIAL DRIVE ORLANDO, FL 32817	Mailing Address 9001 EAST COLONIAL DRIVE ORLANDO, FL 32817
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01052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3266756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE BOGGS BANKER, P.A.
ATTN: MICHAEL E. GOODBREAD, JR
50 NORTH LAURA STREET STE 2200
JACKSONVILLE, FL 32202

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINSON, CARL R 9001 E COLONIAL DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, FRANK J 9001 E COLONIAL DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ALDEN, EDWARD M 9001 E COLONIAL DR ORLANDO, FL 32817
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03/23/07-80077-003 50:00

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:  1/9/07 407 275 3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #