## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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1. Entity Name
EAST COLONIAL LAND LLC



Principal Place of Business

ORLANDO, FL 32817

9001 EAST COLONIAL DRIVE

Mailing Address

9001 EAST COLONIAL DRIVE ORLANDO, FL 32817



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3266756

Applied For Not Applicable

5. Certificate of Status Desired

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

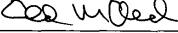
Filing Fee Is \$50.00 Due by May 1, 2007

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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

Oate

Daytime Phone #