

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90040 029 \*\*\*\*50.00

**DOCUMENT # L05000078252**

1. Entity Name  
**FRONT PORCH LAND COMPANY, LLC**



Principal Place of Business  
**3721 DUPONT STATION COURT SOUTH  
JACKSONVILLE, FL 32217**

Mailing Address  
**3721 DUPONT STATION COURT SOUTH  
JACKSONVILLE, FL 32217**

**40068572**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5372983**  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**GALZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BLVD., SUITE 504  
JACKSONVILLE, FL 32216**

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

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **ALMAND, ALAN B MGRM**  
STREET ADDRESS **3721 DUPONT STATION CT S**  
CITY - ST - ZIP **JACKSONVILLE, FL 32217**

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

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Alan B. Almand Managing Member* 4-17-07 904 733-9994