2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-15-2006 90242 004 ****50.00

DOCUMENT # L05000079783

1. Entity Name
SAVANNAH LAND PARTNERS, LLC

Principal Place of Business	Mailing Address
1509 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 US	1509 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 US

30010839

2. Principal Place of Business	3. Mailing Address
990 Stinson Way	990 Stinson Way
Suite, Apt. #, etc.: Ste 201	Suite, Apt. #, etc.: Ste 201
City & State: West Palm Bch FL	City & State: West Palm Bch
Zip: 33411 Country: Palm Bch	Zip: 33411 Country: Palm Bch

05122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3302227 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
11891 US HIGHWAY ONE
STE. 100
NORTH PALM BEACH, FL 33408

← correction!

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

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Boyd, Albert STREET ADDRESS: 990 Stinson Way Ste 201 CITY-ST-ZIP: West Palm Bch, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: ~~MGR~~ NAME: ~~Bo~~ STREET ADDRESS CITY-ST-ZIP	☐ Change ~~☒~~ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Robert C. Hackney, Esq. 5/12/06 561 622-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #