


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90117 047 ****50.00

DOCUMENT # L05000079783		
1. Entity Name SAVANNAH LAND PARTNERS, LLC		

Principal Place of Business 990 STINSON WAY STE 201 WEST PALM BEACH, FL 33411 US	Mailing Address 990 STINSON WAY STE 201 WEST PALM BEACH, FL 33411 US
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60031554



2. Principal Place of Business - No P.O. Box # The Chancellor Centre Suite, Apt. #, etc. 1200B S. Shore Blvd, Ste 107 City & State Wellington, FL Zip 33414 Country Palm Bch	3. Mailing Address The Chancellor Centre Suite, Apt. #, etc. 1200B S. Shore Blvd, Ste 107 City & State Wellington, FL Zip 33414 Country Palm Bch
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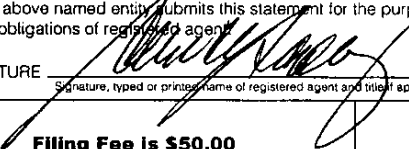
03262007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MACNEEY, ROBERT C 11991 US HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408	
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4. FEI Number 20-3302227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable) Moyle, Flanigan et al. 625 N. Flagler Dr - 9th Floor City West Palm Bch FL Zip Code 33401	
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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  Robert C. Hackney 3/27/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE	
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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, ALBERT 990 STINSON WAY STE 201 WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12008 South Shore Blvd Ste 107 Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Robert C. Hackney 3/27/07 561-776-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #