20	006 LIMITED LIA ANNUAL	BILITY CON REPORT	IPANY	FILED Feb 27, 2006 8:00 a Secretary of State
1. Entity Nam	MENT # L05000092 ⁻ N LAND, LLC	157		02-27-2006 90423 026 ****50.00
Principal Place of Business 1101 NORTH LAKE DESTINY ROAD SUITE 475 MAITLAND, FL 32751		Mailing Address 1101 NORTH LAKE DESTINY ROAD SUITE 475 MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202006 Chg-LLC CR2E083 (11/05)
City & State	6	City & State	•	4. FEI Number Applied For 06~1760822 Not Applicat
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
BLACK, RONALD W 1101 NORTH LAKE DESTINY ROAD SUITE 475				ess (P.O. Box Number is Not Acceptable)
AHLAND	D, FL 32751		City	FL Zip Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and acce
GNATURE .	Signature, typed or printed name of registered agent a		E: Registered Agent signature req	guired when reinstating) DATE
, Fi Di	iling Fee is \$50.00 ue by May 1, 2006			Make check payable to Florida Department of State
•	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
ITLE AME TREET ADDRESS ITY-ST-ZIP	MGR BLACK, RONALD W. BLAC W 1101 NORTH LAKE DESTINY RC MAITLAND, FL 32751	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	🗋 Change 🔲 Addit
TLE Ame Treet address		Delete	TITLE NAME STREET ADDRESS	🗋 Change 🗌 Addit
TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🔲 Addit
TLE TLE TREET ADDRESS TY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗌 Change 🔛 Addit
TLE ME IREET ADDRESS		Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗌 Change 🔲 Addit
TLE MME TREET ADDRESS TY-ST-ZIP		🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗌 Change 📑 Addit
 I hereby a indicated limited lia 	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	x the expinptions contain the same lengt affect as report as required by a	ined in Chapter 119, Florida Statutes. I further certify that the information is if made under oath; that I am a managing member or manager of the papter 608, Florida Statutes.