2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L05000096160

Entity Name: FLORIDA LAND & RANCHES, LLC

Current Principal Place of Business:

325 CORPORATE DRIVE STE 100
PORTSMOUTH, NH 03801

New Principal Place of Business:

Current Mailing Address:

325 CORPORATE DRIVE STE 100
PORTSMOUTH, NH 03801

New Mailing Address:

FEI Number: 20-3684062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEVEN J. RICHEY, P.A.
601 SOUTH NINTH STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: FORBES, JEFFRY
Address: 1724 DEL HAVEN DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR (X) Delete
Name: FORBES, CHRISTOPHER
Address: 7000 NATURAL BRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGR ( ) Delete
Name: MACALPINE, WILLIAM
Address: 325 CORPORATE DRIVE STE 100
City-St-Zip: PORTSMOUTH, NH 03801

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM MACALPINE MGR 01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date