## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: ON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **FILED** Mar 21, 2007 8:00 am Secretary of State 03-21-2007 90163 010 \*\*\*\*50.00

Date

Daytime Phone #

DOCUMENT # L05000105039  1. Entity Name SUWANNEE LAND, LLC								03-21-2007 90163 010 ****50.00				
Principal Place	e of Business	s		Mailing Address		;		U	~~~~~~ <u>~</u>	,		
1540 CR 340 SE MAYO, FL 32066				P.O. BOX 1390 MAYO, FL 32066				<b>₩</b> %				
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2. Principal Place of Business - No P.O. Box #			)x #	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03142007	Chg-LLC	CR2E	083 (12/06)	
City & State				City & State				4. FEI Numbe 76-081				plied For t Applicable
Zip	Zip Country			Zip	try		5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name	and Address of	Current R	egistered Agent				7. Name and	Address of New F	Registered	Agent	
DARKER JAMES OMAR JR						Name						
PARKER, JAMES OMAR JR 1540 CR 340 SE MAYO, FL 32066						Street A	ddress (I	P.O. Box Numb	er is Not Acceptabl	e)		
						City				FL	Zip Code	e
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	ions of regis		nement for t	the purpose of changing its	register	ea omce o	register	ec agent, or bu	m, in the state of Fi	onua. I am	iaiimai witi,	and accept
SIGNATURE .	Signature, typed	or printed name of regis	stered agent an	d title if applicable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007												
Fi Di	ling Fee ue by Ma	is \$50.00 y 1, 2007								-	payable to nent of State	9
Di	ling Fee ue by Ma	y 1, 2007	O MEMBER	C/MANA OEDS	10	<u>.</u>			Florid	a Departn	nent of State	<b>B</b>
9.	ue by Ma	y 1, 2007	3 MEMBER	S/MANAGERS	10.	E	MG	RM	Florid	a Departn	nent of State	
Di	MGRM	y 1, 2007	3 MEMBER	S/MANAGERS	10. TITL		MG PAR	RM KER J	Florid	a Departn	nent of State	Addition
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