

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 A
Secretary of State

DOCUMENT # L05000105039 1. Entity Name SUWANNEE LAND, LLC	
---	---

Principal Place of Business 1540 CR 340 SE MAYO, FL 32066	Mailing Address P.O. BOX 1390 MAYO, FL 32066
---	--

DO NOT WRITE IN THIS SPACE



02252008No Chg-LLC CR2E083 (12/07)

4. FEI Number 76-0819514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, JAMES OMAR JR
 1540 CR 340 SE
 MAYO, FL 32066

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

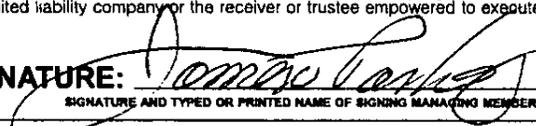
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, JR., JAMES O 1544 CR 340 SE MAYO, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000840997
 03/07/08-80017-004 138.75

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #