

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000106267

1. Entity Name
HUDSON LAND CO-OP LLC



Principal Place of Business
**18 PRIVATE DRIVE
CRAWFORDVILLE, FL 32327-0949**

Mailing Address
**18 PRIVATE DRIVE
CRAWFORDVILLE, FL 32327-0949**



01242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3798402	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

**HUDSON, MARK H
11 CALVARY COURT
CRAWFORDVILLE, FL 32327-0967**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000793823
01/30/08-80080-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, BERT W 18 PRIVATE DRIVE CRAWFORDVILLE, FL 323270949
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, MARK H 11 CALVARY COURT CRAWFORDVILLE, FL 323270967
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, MICHAEL C 25204 OAKS BLVD. LAND O' LAKES, FL 346395552
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 #