

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106267

Entity Name: HUDSON LAND CO-OP LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

18 PRIVATE DRIVE
CRAWFORDVILLE, FL 323270949

New Principal Place of Business:

11 CALVARY CT.
CRAWFORDVILLE, FL 323270949

Current Mailing Address:

18 PRIVATE DRIVE
CRAWFORDVILLE, FL 323270949

New Mailing Address:

11 CALVARY CT.
CRAWFORDVILLE, FL 323270949

FEI Number: 20-3798402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, MARK H
11 CALVARY COURT
CRAWFORDVILLE, FL 323270967 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: MGRM () Delete
Name: HUDSON, BERT W
Address: 18 PRIVATE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 323270949

Title: MGRM () Delete
Name: HUDSON, MARK H
Address: 11 CALVARY COURT
City-St-Zip: CRAWFORDVILLE, FL 323270967

Title: MGRM (X) Delete
Name: HUDSON, MICHAEL C
Address: 25204 OAKS BLVD.
City-St-Zip: LAND O' LAKES, FL 346395552

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: MARK HUDSON

MR.

02/04/2009

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