

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113944

Entity Name: ASSOCIATES LAND, LLC

FILED
Mar 08, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 16190
TEMPLE TERRACE, FL 33687

New Principal Place of Business:

11308 N. 53RD ST.
TEMPLE TERRACE, FL 33617

Current Mailing Address:

P.O. BOX 16190
TEMPLE TERRACE, FL 33687

New Mailing Address:

FEI Number: 04-3834419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, MICHAEL W
11308 N. 53RD STREET
TEMPLE TERRACE, FL 33617 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: ROGERS, MICHAEL W
Address: P.O. BOX 16190
City-St-Zip: TEMPLE TERRACE, FL 33687

Title: MGRM () Delete
Name: OWEN, WILLIAM C III
Address: P.O. BOX 16190
City-St-Zip: TEMPLE TERRACE, FL 33687

Title: MGRM (X) Delete
Name: MCCARTHY, TREVOR
Address: P.O. BOX 16190
City-St-Zip: TEMPLE TERRACE, FL 33687

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MCCARTHY, TREVOR
Address: P.O. BOX 16190
City-St-Zip: TEMPLE TERRACE, FL 33687

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL W. ROGERS

MGRM

03/08/2007

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