

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000117530

1. Entity Name  
FLORIDA'S SELECT LAND DEVELOPMENT LLC



Principal Place of Business

1704 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444 US

Mailing Address

1704 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 01, 2007 8:00 am  
Secretary of State**

05-01-2007 90324 047 \*\*\*\*50.00

**60046978**



03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0134171	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

BROADWAY, MARK T  
1704 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BROADWAY, MARK T
STREET ADDRESS	1704 RHODE ISLAND AVE.
CITY ST-ZIP	LYNN HAVEN, FL 32444

TITLE	MGRM
NAME	BROADWAY, KATHRYN E
STREET ADDRESS	1704 RHODE ISLAND AVE.
CITY ST-ZIP	LYNN HAVEN, FL 32444

TITLE	
NAME	
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CITY ST-ZIP	

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NAME	
STREET ADDRESS	
CITY ST-ZIP	

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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: *Mark Broadway*

*3/22/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #