2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# L05000118508

Entity Name: WEST FLORIDA LAND AND HOUSING, LLC

Current Principal Place of Business:

6607 ELVA STREET
MILTON, FL 32570

New Principal Place of Business:

6431 PERFECT ACERS RD
MILTON, FL 32570

Current Mailing Address:

6607 ELVA STREET
MILTON, FL 32570

New Mailing Address:

6431 PERFECT ACRES RD
MILTON, FL 32570

FEI Number: 20-3936357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SOWELL, THIMOTHY K
6607 ELVA STREET
MILTON, FL 32570 US

Name and Address of New Registered Agent:

HOYT, BRITTANY L
5737 CENTRAL SCHOOL RD
MILTON, FL 32570 US

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: BRITTANY HOYT 05/10/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SOWELL, THIMOTHY K
Address: 6607 ELVA STREET
City-St-Zip: MILTON, FL 32570

Title: MGRM ( ) Delete
Name: NATHEY, KYLAN
Address: 6607 ELVA STREET
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES:

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: KYLAN NATHEY P 05/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date