

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2007 8:00 am
Secretary of State

05-01-2007 90322 003 ****50.00

DOCUMENT # L05000120583 1. Entity Name LAFAYETTE CREEK LAND INVESTMENTS, LLC.					
Principal Place of Business 47 SHIPYARD RD. FREEPORT FL 32439			Mailing Address POST OFFICE BOX 332 FREEPORT FL 32439		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">AP-PLIED FOR</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANNON, SCOTT A 4843 COUNTY ROAD 3280 FREEPORT FL 32439			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BRANNON, SCOTT A 4843 COUNTY ROAD 3280 FREEPORT FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BRANNON, RONNIE L JR. 90 PLATT ROAD DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
DATE: 7/16/07 <small>DATE</small>			DAYTIME PHONE: _____ <small>DAYTIME PHONE</small>		