

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90033 039 \*\*\*\*50.00

**DOCUMENT # L05000121598**

1. Entity Name

UNITED LAND BANK LLC



Principal Place of Business

1327 FLAGSTONE AVENUE  
CELEBRATION FL 34747

Mailing Address

1327 FLAGSTONE AVENUE  
CELEBRATION FL 34747

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

203 CELEBRATION BLVD

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

CELEBRATION, FL

Zip

34747

Country

US

4. FEI Number

20-3980343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

MEI PEYTREMANN, JOANNE  
1327 FLAGSTONE AVENUE  
CELEBRATION FL 34747

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME BARRY, GRAHAM M  
STREET ADDRESS 8342 TIBET BUTLER DRIVE  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE MGRM ☐ Delete  
NAME HART, MICHAEL  
STREET ADDRESS 1700 SOUTH MAGNOLIA AVENUE  
CITY-ST-ZIP SANFORD FL 32771

TITLE MGRM ☐ Delete  
NAME MEI PEYTREMANN, JOANNE  
STREET ADDRESS 1327 FLAGSTONE AVENUE  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE MGRM ☐ Delete  
NAME PARKE, JOHN R III  
STREET ADDRESS 120 WOODMILL ROAD  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 916 PARK AVENUE  
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 203 CELEBRATION BLVD  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #