

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90228 007 ****50.00

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DOCUMENT # L05000122005					
1. Entity Name FUSSELL AND CROY LANDHOLDINGS, LLC					
Principal Place of Business 2 EAST OAK STREET ARCADIA, FL 34266			Mailing Address P.O. BOX 164 FORT OGDEN, FL 34267		
2. Principal Place of Business			3. Mailing Address 2 East Oak Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Arcadia, FL 34266		
Zip		Country		4. FEI Number 20-3985686	
34266		DeSoto		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMES, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div>Filing Fee is \$50.00 Due by May 1, 2006</div> <div>Make check payable to Florida Department of State</div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVE, FUSSELL 3529 SE COUNTY ROAD 760 ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE FUSSELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROY, KAY F P.O. BOX 164 FORT OGDEN, FL 34267	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			Steve Fussell		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			02/17/06		
			863-494-0378		
			Daytime Phone #		