

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000122005

1. Entity Name
FUSSELL AND CROY LANDHOLDINGS, LLC



Principal Place of Business
2 EAST OAK STREET
ARCADIA, FL 34266

Mailing Address
2 EAST OAK ST
ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3985686

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMES, ANDREW T
128 WEST OAK STREET
ARCADIA, FL 34266

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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 re-registering)

DATE

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

B. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FUSSELL, STEVE
3529 SE CTY RD 760
ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CROY, KAY F
P.O. BOX 164
FORT OGDEN, FL 34267

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/30/07-80004-022 50.00

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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: *Steven S Fussell*

Steven S Fussell 01/22/07 863-990-2905

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

Date

Daytime Phone #