## FILED Jun 14, 2007 8:00 am Secretary of State 05-17-2007 90174 046 \*\*\*\*50.00

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## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional   Fee Required   \$5.00 Additional   \$5.00 Additional	DOCUMENT # L0600001626  1. Entity Name HUDSON LAND & DEVELOPMENT, LLC									
Suite, Apt. #, etc.    Suite, Apt. #, etc.   D4302007   Chg-LLC   CR2E083 (12/06)	34650 US HWY 19 N STE 108		34650 US HWY 19 N STE 108			 	. 2015 209 3010 Cam Ca	ili dürir dürür mura mısım ersi	n atteut mi isai	
City & State  City & State  City & State  Country  S. Certificate of Status Desired  \$5.00 Additional Fee Required  T. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address of Rew Registered agent, or both, in the State of Roride. I am lamilar with, and accept the obtopolions of negistered agent.  SIGNATURE  Commun. (both or pred nem of inpassed agent at the obtopolions of negistered agent.)  PITING Fee is \$50.00  Due by Many 1, 2007  PITING Fee is \$50.00  Make check payable to Florida Department of State  SIGNATURE  Commun. (both or pred nem of inpassed agent at the second of the second agent agen	2. Principal Pla	ce of Business - No P.O. Box #	3. Mailing Address							
Country   Zip   Country   Sip   Country   Signature   Status Desired   \$5.00 Additional Fee Required   Status Desired   \$5.00 Additional Fee Required   Status Desired   \$5.00 Additional Fee Required   Status Desired   Status Desired Agent   Status Desi	Suite, Apt. #.	. etc.	Suite, Apt. #, etc.		04302007	Chg-LLC	CR2E083 (12/0	6)		
S. Name and Address of Current Registered Agent  O. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Street Address (P.O. Box Number is Not Acceptable)	City & State	. A	City & State		_	4. FEI Numb	°20-405	3809	Applied For Not Applicable	
JENKINS, ROSE M 34650 US HWY 19 N. SUITE 108 PALM HARBOR, FL 34684   Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roride. I am tamiliar with, and acceptable obligations of registered agent.  SIGNATURE  Bover 1994 of private name of ingulared agens and the f scalebable.  PIlling Fee is \$50.00 Due by May 1, 2007  Make check payable to Florida Department of State  B.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  FIRE MORES  CITY-SI-2P  DUNEDIN, FL 346983  TITLE  MARE  Delete  IIILI  Delete  IIILI  MARE  STREET ADDRESS  CITY-SI-2P  TITLE  MARE  STREET ADDRESS  CITY-SI-2P  TITLE  MARE  STREET ADDRESS  CITY-SI-2P  DUNEDIN, FL 346983  TITLE  Delete  IIILI  Delete  IIILI  MARE  STREET ADDRESS  CITY-SI-2P  CHange  Addition  Additio	Zip	Country Zip Court			try	5. Certificate	of Status Desired			
SUITE 108 PALM HARBOR, FL 34684  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 Poride. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Poride. I am familiar with, and acceptable to obligations of registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce rame of registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce rame of registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce rame of registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce rame of registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce rame of registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce rame of registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the State of Poride. I am familiar with, and acceptable to produce registered agent, or both, in the	6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	legistered Agent		
PALM HARBOR, FL 34684  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 tamalism with, and accept the obligations of registered agent.  SIGNATURE    Signature inspect or private name of registered agent and the resolutable. (ROTE Registered Agent spectres required unan rematarray)  Pilling Foe is \$50.00 Due by Ray 1, 2007    Make check payable to Florida Department of State    Pilling Foe is \$50.00 Due by Ray 1, 2007    Make check payable to Florida Department of State    Pilling Foe is \$50.00 Due by Ray 1, 2007    Make check payable to Florida Department of State    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Due by Ray 1, 2007    Pilling Foe is \$50.00 Du					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signatur	SUITE 108									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signatur		**			City			FL Zip C	ode	
SIGNATURE    Egresure typed or provided name of regulated again and title it sophicable.   POTE Registered Agant Expressive required when translating)   DATE	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 tamiliar with, and accept									
Filing Fee is \$50.00 Dise by May 1, 2007    Marker Check possible to   Florida Department of State	SIGNATURE									
Pue by May 1, 2007    Point   Department of State	S	ignature, typed or printed name of registered agent	and wie if applicable. (NOTI	E. Registers	1 Agent signiture required	when rematering)		DATE		
TITLE MARKE LAMANDO, MICHAEL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	FIII Dua	ing Fee is \$50.00 e by May 1, 2007								
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11. Thereby certify that the information supplied with this filling 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 adoutage and that my signature shall have the same legal affect as if made under outh; that I am a managing member or manager of the										
indicated on this report is true and appropriate and that my signature shall have the same legal sheet as it had burden out; man 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, Rorida Statutes.										
SIGNATURE: MAY 2007										