

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-13-2007 90056 019 ****50.00

DOCUMENT # L06000002552 1. Entity Name S & P LAND INVESTMENTS, LLC					
Principal Place of Business 209 7TH STREET PORT ST. JOE FL 32456			Mailing Address 209 7TH STREET PORT ST. JOE FL 32456		
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 20-4124133	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVAK, JEREMY T 523 7TH STREET PORT ST. JOE FL 32456				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer is 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- ST- ZIP	MGRM FARRELL, J. PATRICK JR 236 BALBOA DRIVE PORT ST. JOE FL 32456 <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	MGRM GEORGE STEPHENS NEWMAN, JR. 6391 WEST HIGHWAY 98 PORT ST. JOE FL 32456 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/22/07 850-229-4700 <small>Daytime Phone #</small>		