


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90042 025 \*\*\*\*50.00

<b>DOCUMENT # L06000009745</b>	
1. Entity Name NATIONWIDE LAND ACQUISITIONS, LLC	

Principal Place of Business % BRAD BISHOP 12577 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269	Mailing Address % BRAD BISHOP 12577 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269
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60036175



2. Principal Place of Business - No P.O. Box # 12577 SW Kingsway Cr	3. Mailing Address 12577 SW Kingsway Cr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102007 Chg-LLC CR2E083 (12/06)

City & State Lake Suzy FL	City & State Lake Suzy FL
Zip 34269	Zip 34269
Country USA	Country USA

4. FEI Number 20-4215938	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  BISHOP, BRAD 12577 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269	
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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: _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition
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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.

<b>SIGNATURE:</b> <u>Brad Bishop</u>	<u>4/10/07</u>	<u>941-764-7531</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #