

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
03-27-2007 90199 003 *****55.00
FILED

07 APR -5 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pse

DOCUMENT # L06000011348 1. Entity Name LAND & RIVER LLC	
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Principal Place of Business 9990 COCONUT ROAD, SUITE 201 BONITA SPRINGS, FL 34135	Mailing Address 9990 COCONUT ROAD, SUITE 201 BONITA SPRINGS, FL 34135
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0566841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

RESOURCE CONSERVATION PROPERTIES, INC.
 9990 COCONUT ROAD, SUITE 201
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: **Pamela S. Mac'Kie**
 Street Address (P.O. Box Number is Not Acceptable): **9990 Coconut Rd**
Ste 200
 City: **Bonita Springs** FL Zip Code: **34135**

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.

Pamela S. Mac'Kie
 SIGNATURE: *[Signature]* Director of Legal - Corporate Affairs 3-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	Delete
	MGRM 996 000053291	<input type="checkbox"/>
STREET ADDRESS	RESOURCE CONSERVATION PROPERTIES, INC.	
CITY-ST-ZIP	9990 COCONUT ROAD, SUITE 201 BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Scott R. Whitney* 3-23-07 (235) 915-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Document corrected per Diane Murray. pse