


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

NSC

DOCUMENT # L06000011348	
1. Entity Name LAND & RIVER LLC	

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



03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0566841	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$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 <u>Pamela S. Mac'Kie</u> Street Address (P.O. Box Number is Not Acceptable) <u>9990 Coconut Rd</u> <u>Ste 200</u> City <u>Bonita Springs</u> FL Zip Code <u>34135</u>

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 resigning) 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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <u>P96 000053291</u> <input type="checkbox"/> Delete RESOURCE CONSERVATION PROPERTIES, INC. 9990 COCONUT ROAD, SUITE 201 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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 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) 995-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Document corrected per Diane Murray. pse