2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 25, 2008 08:00 Al Secretary of State DOCUMENT # L06000017755 FLORIDA LOTS & LAND, LLC Principal Place of Business Mailing Address 417 ST. JOHNS AVENUE P.O. BOX 2198 INTERLACHEN, FL. 32148 PALATKA, FL 32177 01232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 51-0567202 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LAW OFFICES OF JOHN KEY, P.A. 417 ST. JOHNS AVENUE PALATKA, FL 32177 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE BONNER, R. NAME P.O. BOX 2198 STREET AODRESS CITY-ST-ZIP INTERLACHEN, FL 32148 000000798423 01/30/08-80028-017 138.75 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CiTY-ST-ZIP

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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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #