

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021497

FILED  
Feb 15, 2007  
Secretary of State

Entity Name: DOG ISLAND LAND TRUST LLC

**Current Principal Place of Business:**

778 E REEHILL ST.  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

778 E REEHILL ST.  
LECANTO, FL 34461

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WORLEY, JASON  
778 E REEHILL ST.  
LECANTO, FL 34461 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WORLEY, JASON  
Address: 778 E REEHILL ST.  
City-St-Zip: LECANTO, FL 34461

Title: MGRM ( ) Delete  
Name: ROBINSON, WANN  
Address: 2419 E HAMPSHIRE ST  
City-St-Zip: INVERNESS, FL 34453

Title: MGRM ( ) Delete  
Name: WORLEY, RON  
Address: 175 SW BUTLER GLEN  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, WANN  
Address: 2419 E HAMPSHIRE ST  
City-St-Zip: INVERNESS, FL 34453

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON WORLEY

MGRM

02/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date