

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021497

FILED  
Mar 25, 2009  
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: 20-5788554

FEI Number Applied For ( )

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

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

I hereby certify that the information supplied with this filing does not qualify 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 C WORLEY

MGRM

03/25/2009

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