

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000021718

1. Entity Name
EXECUTIVE LAND GROUP, LLC



Principal Place of Business
**255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134**

Mailing Address
**255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134**



04152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0772036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACNAIR, CHRISTOPHER J
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134**

**DO NOT WRITE
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MACNAIR, CHRISTOPHER J
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 325
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	GANT, STEVEN D
STREET ADDRESS	12653 S.W. COUNTY ROAD 769, SUITE A
CITY-STATE-ZIP	LAKE SUZIE, FL 34269
TITLE	MGR
NAME	GANT, DONALD
STREET ADDRESS	12653 S.W. COUNTY ROAD 769, SUITE A
CITY-STATE-ZIP	LAKE SUZIE, FL 34269
TITLE	MGR
NAME	FERTIG, JAY C
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 325
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	FEHR, JEFF
STREET ADDRESS	12653 S.W. COUNTY ROAD 769, SUITE A
CITY-STATE-ZIP	LAKE SUZIE, FL 34269
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000924556
05/19/08-80006-007 138.75

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes

SIGNATURE:

Christopher J MacNair

4/25/08

(305) 445-6161

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

Date

Daytime Phone #