

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032170

FILED
Jan 17, 2007
Secretary of State

Entity Name: PROVIDENT LAND DEVELOPMENT, LLC

Current Principal Place of Business:

8281 CHAMPIONS GATE BLVD.
CHAMPIONS GATE, FL 33896

New Principal Place of Business:

Current Mailing Address:

8281 CHAMPIONS GATE BLVD.
CHAMPIONS GATE, FL 33896

New Mailing Address:

FEI Number: 20-4577429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANNIGAN, BRIAN
8281 CHAMPIONS GATE BLVD.
CHAMPIONS GATE, FL 33896 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: BRANNIGAN, BRIAN
Address: 8281 CHAMPIONS GATE BLVD.
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: MGRM () Delete
Name: BRANNIGAN, DARLENE J
Address: 8281 CHAMPIONS GATE BLVD.
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: MGRM () Delete
Name: BRANNIGAN, THOMAS
Address: 8281 CHAMPIONS GATE BLVD.
City-St-Zip: CHAMPIONS GATE, FL 33896

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 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: DARLENE J BRANNIGAN

MGRM

01/17/2007

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