

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90052 019 ****50.00

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1. Entity Name
FOUNDERS LAND CAPITAL, LLC



Principal Place of Business
7027 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

Mailing Address
7027 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4836779** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, THOMAS J
7027 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Thomas J. Adams*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Managing Member **1/9/07**

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ADAMS, THOMAS J
STREET ADDRESS 7027 US HIGHWAY 19
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE MGRM ☐ Delete
NAME BAGNULL, CLIFFORD
STREET ADDRESS 9050 CALLOWAY DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE MGRM ☐ Delete
NAME FAHEY, JOHN
STREET ADDRESS 4402 GOLF CLUB LANE
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Bagnall, Clifford*
STREET ADDRESS *9050 Callaway Drive*
CITY-ST-ZIP *Trinity, FL 34055*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Thomas J. Adams* **1/9/07** **727-859-9340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #