

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90038 028 \*\*\*\*50.00

**DOCUMENT # L06000051042**

1. Entity Name

STEADMAN LAND HOLDINGS, LLC



Principal Place of Business

Mailing Address

711 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32824  
US

711 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32824  
US

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

3. Mailing Address

2036 Live Oak Blvd  
Suite, Apt. #, etc.

2036 Live Oak Blvd  
Suite, Apt. #, etc.

City & State

City & State

St. Cloud, Florida

St. Cloud, Florida

Zip

Country

Zip

Country

34771

Osceola

34771

Osceola



1st MOORE

CR2E083 (10/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEADMAN, LUARD  
711 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32824

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 Luard Steadman

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STEADMAN, LUARD  
711 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32824 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Luard Steadman

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

Date

Daytime Phone #