


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90114 031 \*\*\*\*50.00

DOCUMENT # L06000051988	
1. Entity Name SILK LAND DEVELOPMENT, LLC	

Principal Place of Business 2230 S MCCALL RD ENGLEWOOD, FL 34224	Mailing Address 2230 S MCCALL RD ENGLEWOOD, FL 34224
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2. Principal Place of Business - No P.O. Box # 1950 Whispering Pines Pt Suite, Apt. #, etc.	3. Mailing Address 1950 Whispering Pines Pt Suite, Apt. #, etc.
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City & State Englewood, FL Zip 34223	Country	City & State Englewood, FL Zip 34223	Country
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04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4908723	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BATTAGLIA, DOUGLAS 2230 S MCCALL RD ENGLEWOOD, FL 34224
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1950 Whispering Pines Pt. City Englewood FL Zip Code 34223
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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 *Douglas Battaglia* DATE 04/19/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATTAGLIA, DOUGLAS 2230 S MCCALL RD ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Douglas Battaglia* DATE 04/19/07 (941) 232-5391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #