

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053733

Entity Name: B & S LAND DEVELOPEMENT LLC

FILED
May 09, 2007
Secretary of State

Current Principal Place of Business:

530 OTTO POLK ROAD
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

530 OTTO POLK ROAD
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 20-4927083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEVEN, PARKER
530 OTTO POLK ROAD
FROSTPROOF, FL 33843 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: MGR () Delete
Name: PARKER, STEVEN
Address: 530 OTTO POLK ROAD
City-St-Zip: FROSTPROOF, FL 33843 US

Title: MGRM () Delete
Name: WATKINS, BRENT D
Address: 530 OTTO POLK ROAD
City-St-Zip: FROSTPROOF, FL 33843 US

Title: MGRM (X) Delete
Name: PITCHFORD, HAVEN D
Address: 530 OTTO POLK ROAD
City-St-Zip: FROSTPROOF, FL 33843 US

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 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: STEVEN PARKER

PRES

05/09/2007

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