

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90361 005 ****50.00



DOCUMENT # L06000061266
 1. Entity Name
LAND ONE FLORIDA, LLC

Principal Place of Business Mailing Address
 124 S. FLORIDA AVENUE P.O. BOX 8229
 LAKELAND FL 33801 LAKELAND FL 33802



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number
42-1707633
 Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PHILPOT, SIDNEY G
 124 S. FLORIDA AVENUE
 LAKELAND FL 33801

7. Name and Address of New Registered Agent
 Name **PHILPOT, BRYCE J.**
 Street Address (P.O. Box Number is Not Acceptable)
124 S. FLORIDA AVE
 City **LAKELAND** **FL** Zip Code **33801**

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 *Bryce J. Philpot* DATE **04-10-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Delete
MGR	PHILPOT, SIDNEY G	P.O. BOX 8229	LAKELAND	FL	33802	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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: *Sidney G Philpot, Mgr* **04-10-07** **863-688-7575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #