

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069980

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: DREW LAND INVESTMENTS, LLC

**Current Principal Place of Business:**

1369 BARRINGTON CIRCLE  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

1369 BARRINGTON CIRCLE  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 20-5292224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HAGOOD, PETER P  
1053 MAITLAND CENTER COMMONS  
SUITE 101  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

FONDA, TODD A  
1369 BARRINGTON CIRCLE  
ST. AUGUSTINE, FL 32092 US

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: TODD FONDA

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FONDA, TODD A  
Address: 1369 BARRINGTON CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGR ( ) Delete  
Name: FONDA, MAUREEN F  
Address: 1369 BARRINGTON CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGR ( ) Delete  
Name: FONDA, SUE M  
Address: 1369 BARRINGTON CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32092 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: MAUREEN D FONDA

MGR

04/21/2009

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