## 2007 LIMITED LIABILITY COMPANY

## Apr 03, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000075088** 04-03-2007 90120 005 \*\*\*\*50.00 FLORIDA LAND ACQUISITION GROUP, LLC Principal Place of Business Mailing Address 2901 STIRLING ROAD 2901 STIRLING ROAD **SUITE 300** SUITE 300 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03292007 CR2E083 (12/06) Cha-LLC City & State City & State Applied For 4. FEI Number 20-5537842 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHANDLER, MARC Street Address (P.O. Box Number is Not Acceptable) 2901 STIRLING ROAD SUITE 300 FORT LAUDERDALE, FL 33312 City 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 SIGNATURE Signature, typed or printed name of registered agent and bite 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE Change ■ Addition SHANDLER, MARC NAME NAME STREET ADDRESS 2901 STIRLING ROAD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIE

TITLE

NAME

SIGNATURE: SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

☐ Delete

**FILED** 

Daytime Phone #

☐ Change

☐ Addition

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000075088 FLORIDA LAND ACQUISITION GROUP, LCC ATTACHMENT Principal Place of Business Mailing Address 2901 STIRLING ROAD 2901 STIRLING ROAD 60031722 SUITE 300 SUITE 300 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 03292007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHANDLER, MARC Street Address (P.O. Box Number is Not Acceptable) 2901 STIRLING ROAD **SUITE 300** FORT LAUDERDALE, FL 33312 City Zip Code FL 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 Fiorida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstituting) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHANDLER, MARC NAME NAME STREET ADDRESS 2901 STIRLING ROAD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-7IP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAM{ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 fixibility company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.