


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90146 042 ****50.00

DOCUMENT # L06000076147 1. Entity Name ANNAEL LAND HOLDINGS LLC					
Principal Place of Business 19588 SATURNIA LAKES DRIVE BOCA RATON FL 33498			Mailing Address 19588 SATURNIA LAKES DRIVE BOCA RATON FL 33498		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent TOLEDNO, GEORGES 19588 SATURNIA LAKES DRIVE BOCA RATON FL 33498			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. SIGNATURE _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOLEDANO, GEORGES 19588 SATURNIA LAKES DRIVE BOCA RATON FL 33470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	



1st MOORE CR2E083 (10/06)

4. FEI Number **20-8588199** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**