

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-03-2007 90253 027 ****50.00

DOCUMENT # L06000077820 1. Entity Name RESORT COMMUNITY AND LAND DEVELOPMENT, LLC					
Principal Place of Business 524 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952			Mailing Address 524 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952		
2. Principal Place of Business - No P.O. Box # 615 Palmetto Suite, Apt. #, etc.		3. Mailing Address PO Box 40 Suite, Apt. #, etc.			
City & State Melbourne, FL		City & State Melbourne FL		4. FEI Number 11-3788991	
Zip 32901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIMMERMAN, TODD W 524 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 615 Palmetto City Melbourne FL Zip Code 32901	
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 DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIMMERMAN, TODD W P.O. BOX 500249 MALABAR, FL 32950			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, STEVEN R 1235 FAULKINGHAM RD MERRITT ISLAND, FL 32952			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
11. I hereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE				Date 4/26/07	