2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

1. Entity Nar	IMENT # L06000080 PROD LAND HOLDING, LLC					05-02-2007 9	90356 042 ***	' 50.00
Principal Place of Business 2040 WHITFIELD AVE SARASOTA, FL 34243		Mailing Address 12002 MIRAMAR PKWY MIRAMAR, FL 33025				0100059	Č ETA 1811 SPI Č (184 1811	Wi Jaipal IV 18ai
2. Principal I	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		04302007	Chg-LLC	CR2E083 (12/	06)	
City & State		City & State		4. FEI Numbe			Applied For	
Zìp	Country	Zip	Count	try	- V:-	of Status Desired	□ \$5.00	Not Applicable Additional
	6. Name and Address of Current	Registered Agent	┸╴──┐		7. Name and	Address of New Re		
				Name				
WAGNER, JOHN II 200 SOUTH ORANGE AVE SARASOTA, FL 34236			Street Address		ss (P.O. Box Numbe	er is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
				City			FL Zip	Code
				L			r L	
	e named entity submits this statement for tions of registered agent.	or the purpose of chariging it	s registere	ea onice or regis:	stereo agent, or bol	n, in the State of Flor	roa, ramitamiliar v	itn, and accept
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Ageni signajurė requi	ited when reinstating)		DATE	
F		and title if applicable. (NO	TE: Registered	d Apeni signaturė requi	ared when reinstating)		DATE check payable Department of S	
FI ØD	Signature, typed or printed name of registered agent liting Fee is \$50.00 ue by May 1, 2007			d Ageni signalure requi	sred when reinstating)	Florida	check payable Department of S	
9.	Signature, typed or printed name of registered agent Illing Fee is \$50.00 we by May 1, 2007 MANAGING MEMBE	ERS/MANAGERS	10.		sired when reinstaling)		check payable Department of S	tate
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11. I hereby 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FOR THE MANAGER SIGNATURE: