


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90038 009 ****50.00

DOCUMENT # L06000080349					
1. Entity Name EPICUREAN LAND HOLDINGS, LLC					
Principal Place of Business 2919 BANYAN BLVD CIRCLE N.W. BOCA RATON, FL 33431			Mailing Address 2919 BANYAN BLVD CIRCLE N.W. BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 2411 NW 1st Ave		3. Mailing Address 2411 NW 1st Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 33431	Country Palm Bch	Zip 33431	Country Palm Bch	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAYER, BRADFORD K 2919 BANYAN BLVD CIRCLE N.W. BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: <u>STRAYER, BRADFORD K.</u> Street Address (P.O. Box Number Not Acceptable): <u>2411 NW 1st Ave</u> City: <u>Boca Raton</u> FL Zip <u>33431</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
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	MGRM STRAYER, BRADFORD K 2919 BANYAN BLVD CIRCLE N.W. BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	