

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099506

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** TOM AND MIKE LAND COMPANY, LLC

**Current Principal Place of Business:**

3099 LEON RD.  
#5  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

3099 LEON RD.  
#5  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 26-2171973      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUSICK, THOMAS S  
3099 LEON RD.  
#5  
JACKSONVILLE, FL, FL 32246 US

**Name and Address of New Registered Agent:**

CUSICK, THOMAS S  
3099 LEON RD.  
#5  
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: \_\_\_\_\_

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CUSICK, THOMAS S  
Address: 3099 LEON RD., #5  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR      ( ) Delete  
Name: LOHMAN, MICHAEL R  
Address: 3099 LEON RD., #5  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS S. CUSICK

MGR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date