

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107549

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA LAND DEVELOPMENT PROPERTIES, LLC

Current Principal Place of Business:

1117 S LAKE STARR BLVD
LAKE WALES, FL 33898

New Principal Place of Business:

234 RUBY LAKE LANE
WINTER HAVEN, FL 33884

Current Mailing Address:

PO BOX 421923
KISSIMMEE, FL 34742

New Mailing Address:

234 RUBY LAKE LANE
WINTER HAVEN, FL 33884

FEI Number: 20-5837934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

COADY, MARY L
234 RUBY LAKE LANE
WINTER HAVEN, FL 33884 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: MARY L COADY

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COADY, THOMAS J
Address: 225 NORTH JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: ST (X) Delete
Name: COADY, THOMAS J
Address: 225 NORTH JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COADY, MARY L
Address: 234 RUBY LAKE LANE
City-St-Zip: WINTER HAVEN, FL 33884

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: MARY L. COADY

MGR

01/20/2009

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