

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 034 ***138.75

DOCUMENT # L07000013525

1. Entity Name

FLORIDA LAND INVESTMENTS LLC



Principal Place of Business

3100 MAGNOLIA ROAD
ORANGE PARK FL 32065

Mailing Address

3100 MAGNOLIA ROAD
ORANGE PARK FL 32065



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4024 AMANDA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIDDLEBURG, FLORIDA

Zip

Country

Zip

Country

32068

CLAY

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOZEK, FREDERICK J
3100 MAGNOLIA ROAD
ORANGE PARK FL 32065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BOZEK, FREDERICK J
3100 MAGNOLIA ROAD
ORANGE PARK FL 32065 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *FREDERICK J. BOZEK*
Fredrick J. Bozek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/27/08

Date

904 -
710-7133

Daytime Phone #