

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013953

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: MIKE & GARY'S LAND COMPANY LLC

## Current Principal Place of Business:

1874 BOGGY CREEK RD  
KISSIMMEE, FL 34744

## New Principal Place of Business:

3000 CHEROKEE RD.  
ST. CLOUD, FL 34772

## Current Mailing Address:

1874 BOGGY CREEK RD  
KISSIMMEE, FL 34744

## New Mailing Address:

3000 CHEROKEE RD.  
ST. CLOUD, FL 34772

FEI Number: 20-8402949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AFFORDABLE BOOKKEEPING INC  
1874 BOGGY CREEK RD  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

MACDONALD, MICHAEL  
3000 CHEROKEE RD.  
ST. CLOUD, FL 34772 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: MICHAEL MACDONALD

04/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KILLETTE, GARY  
Address: 3000 CHEROKEE RD  
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: MACDONALD, MICHAEL J  
Address: 2233 E IRLO BRONSON HIGHWAY  
City-St-Zip: KISSIMMEE, FL 34744

## 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: GARY KILLETTE, MICHAEL MACDONALD

MR.

04/08/2008

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