


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**


01-11-2008 90079 043 \*\*\*138.75

<b>DOCUMENT # L07000022058</b>	
1. Entity Name <b>LAND'S END REALTY LLC</b>	

Principal Place of Business <b>1603 BAY AVENUE PANAMA CITY, FL 32405</b>	Mailing Address <b>3510 FOX RUN BLVD PANAMA CITY BEACH, FL 32408</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**60000934**



01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8544055</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>RIVARD, ADRIEN A III 101 HARRISON AVENUE PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROBERTS, STEPHANIE A 1603 BAY AVENUE PANAMA CITY, FL 32405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Stephanie Roberts** **1/10/08 850-236-7385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #