
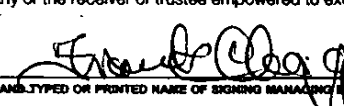


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90228 009 ***138.75

DOCUMENT # L07000055977 1. Entity Name KORONA LANDS, LLC					
Principal Place of Business 11030 COUNTY ROAD 305 BUNNELL, FL 32110 US			Mailing Address 11030 COUNTY ROAD 305 BUNNELL, FL 32110 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04052008 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center; font-size: 1.2em;">NA</div> <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CLEGG, FRANKLIN 11030 COUNTY ROAD 305 BUNNELL, FL 32110	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLEGG, FRANKLIN 11030 COUNTY ROAD 305 BUNNELL, FL 32110 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLEGG, ODELL S 11030 COUNTY ROAD 305 BUNNELL, FL 32110 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
10. ADDITIONS/CHANGES					
<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
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<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
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:  <div style="float: right; text-align: right;"> 4/11/08 396 437 3609 <small>Date Daytime Phone #</small> </div>					