


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90013 047 ***143.75

| | | | | | |
|--|---|--|--|---|---|
| DOCUMENT # L07000066711 1. Entity Name LANDALL PROPERTIES, LLC | | | |  | |
| Principal Place of Business 2702 WALLACE BRANCH ROAD PLANT CITY, FL 33565 | | | Mailing Address 2702 WALLACE BRANCH ROAD PLANT CITY, FL 33565 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 01-0903642 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent COTON, DANIEL M ESQ. 121 NORTH COLLINS STREET PLANT CITY, FL 33563 | | | 7. Name and Address of New Registered Agent Name LAURA J. NORRIS Street Address (P.O. Box Number is Not Acceptable) 2702 Wallace Branch Rd City Plant City FL Zip Code 33565 | | |
| 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 <u><i>Laura J. Norris</i></u> Laura J. Norris DATE 4-22-08 <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</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 | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NORRIS, CHARLES E 2702 WALLACE BRANCH ROAD PLANT CITY, FL 33565 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NORRIS, LAURA J 2702 WALLACE BRANCH ROAD PLANT CITY, FL 33565 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARRELL, JEROME C 504 DEBUEL ROAD LUTZ, FL 33549 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARRELL, DEBRA F 504 DEBUEL ROAD LUTZ, FL 33549 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <u><i>Laura J. Norris</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date 4-22-08 Daytime Phone # 813707-8388 | |