

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101519

FILED
Mar 08, 2008
Secretary of State

Entity Name: STEIGHNER LAND HOLDINGS LLC

Current Principal Place of Business:

1217 US HWY 19
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

1217 US HWY 19
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 26-1163816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEIGHNER, MARK R
1217 US HWY 19
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEIGHNER, MARK R
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM () Delete
Name: STEIGHNER, COLTON
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM () Delete
Name: STEIGHNER, REGIS
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM () Delete
Name: STEIGHNER, DAWN
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK STEIGHNER

MBR

03/08/2008

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