

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116250

Entity Name: TRI COUNTY LAND LLC

FILED  
Jun 24, 2009  
Secretary of State

**Current Principal Place of Business:**

1726 ENGLEWOOD AVE.  
LEHIGH ARCEN, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

FEI Number: 80-0326720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTI, STEPHEN  
1726 ENGLEWOOD AVE.  
LEHIGH ARCEN, FL 33936 US

**Name and Address of New Registered Agent:**

CONTI, STEPHEN CHARLES  
1726 ENGLEWOOD AVE.  
LEHIGH ARCEN, FL 33936 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: STEPHEN C CONTI

06/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CONTI, STEPHEN  
Address: PO BOX 162  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: MGRM ( ) Delete  
Name: CONTI, BABARA  
Address: PO BOX 162  
City-St-Zip: LEHIGH ACRES, FL 33970

Title: MGRM ( ) Delete  
Name: PILLA, THERESA  
Address: 16 N CHATSWORTH AVE APT 509  
City-St-Zip: LARCHMONT, NY 10503

Title: MGRM ( ) Delete  
Name: BOLEN, PATRICIA  
Address: 2362 BLSSOM WOOD DR.  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: MGRM ( ) Change (X) Addition  
Name: JOANN, ELLIS  
Address: 1726 ENGLEWOOD AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM ( ) Change (X) Addition  
Name: JOHN, CONTI  
Address: 1209 LORNEWOOD DR  
City-St-Zip: VALRICO, FL 33594

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: STEPHEN C CONTI

MGR

06/24/2009

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