

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000687

1. Entity Name

DEAL LAND & MINERALS, L.C.



Principal Place of Business

25 WALTER MARTIN RD., STE. 202
FT WALTON BEACH, FL 32549

Mailing Address

P.O. BOX 1570
FT WALTON BEACH, FL 32549



02052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3336531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUGHT, ALEXANDRA R
5 CLIFFORD DR, SUITE 12
SHALIMAR, FL 32579

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000119467
04/19/04-80102-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DEAL, VICTOR W
STREET ADDRESS 208 HOOD AVE
CITY-STATE-ZIP FT WALTON BEACH, FL 32548

TITLE MEM
NAME DEAL, AARON W
STREET ADDRESS 208 HOOD AVE
CITY-STATE-ZIP FT WALTON BEACH, FL 32548

TITLE MEM
NAME DEAL, KRISTIN E
STREET ADDRESS 208 HOOD AVE
CITY-STATE-ZIP FT WALTON BEACH, FL 32548

TITLE MEM
NAME DEAL, BETHANY
STREET ADDRESS 208 HOOD AVE.
CITY-STATE-ZIP FT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-16-2004 850-581-5271

Date

Daytime Phone #