

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2007 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**



04232007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000734321
05/09/07-80122-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

VIC DEAL 4/23/2007 581-5271