


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b> <b>FEB 23 1998</b> <b>98 MAR 11 AM 10:23</b> <i>LC</i> <i>3/12</i>	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L97000000190		1a. Principal Place of Business Address	
FLORIDA LAND DEVELOPMENT & INVESTMENT, LLC <del>201 E PINE STREET</del> <b>2360 Wassum Trail</b> <del>SUITE 1000</del> <del>ORLANDO FL 32801</del> <b>Chuluota FL 32766</b>				201 E PINE STREET SUITE 1000 ORLANDO FL 32801	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
2360 WASSUM TRAIL		SAME		02/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
City & State		City & State		FL	
Chuluota FL		SAME		4. FEI Number	
Zip		Zip		59-3432850	
32766		SAME		5. Date of Last Report	
Country		Country		N/A	
USA		SAME		6. Certificate of Status Desired	
				SB 75: Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
WHARTON, JOHN L ROSE, SUNDSTROM & BENTLEY 2548 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				FL	
				Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CHANCELLOR, GERALD L	2360 WASSUM TRAIL		CHULUOTA FL 32766	
				500002456895---1 -03/13/98--01092--009 ****197.50 ****197.50	

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #