


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L97000000284 1. Entity Name FOSTERS LAND DEVELOPMENT, L.C. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 1496 PINE STREET NICEVILLE, FL 32578 | Mailing Address P.O. BOX 5010 NICEVILLE, FL 32578 |
|--|---|

DO NOT WRITE IN THIS SPACE



02052007 No Chg-LLC

CR2E083 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 59-3432122 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
5 CLIFFORD DRIVE, 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.

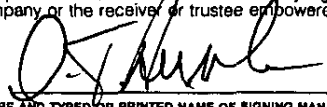
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MCGINNIS, ALLEN R 1496 PINE STREET NICEVILLE, FL 32578 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HERNDON, D. TIMOTHY 4502 HIGHWAY 20 E. ST A NICEVILLE, FL 32578 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**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:  **3/8/07** **850-877-4333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #