## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 24, 2008 08:00 Al Secretary of State

ANNUAL REPORT	
DOCUMENT # L9700000284	
1. Entity Name	

FOSTERS LAND DEVELOPMENT, L.C.



Principal Place of Business

Mailing Address

1496 PINE STREET NICEVILLE, FL 32578 P.O. BOX 5010 NICEVILLE, FL 32578



01182008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	59-3432122

Applied For Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PERRI, DANIEL C 5 CLIFFORD DRIVE, SUITE 12 SHALIMAR, FL 32579

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11706		Region of		No.	T. 3
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<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered office or registered agent, o	r both, in the State of Florida.	I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating	g)	DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM MCGINNIS, ALLEN R 1496 PINE STREET NICEVILLE, FL 32578 MGRM
NAME STREET ADDRESS CITY-S1-ZIP	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:

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

1.21.08 850 897.433

Daytime Pho