

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000972

1. Entity Name
JERICO LAND COMPANY, L.C.



Principal Place of Business
**2210 S. FRONT ST. SUITE 204
MELBOURNE, FL 32901**

Mailing Address
**2210 S. FRONT ST. SUITE 204
MELBOURNE, FL 32901**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3467325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, RICHARD A
419 MELBOURNE AVE.
INDIALANTIC, FL 32903**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, RICHARD A 419 MELBOURNE AVE. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPENCER, MICHAEL E 4290 COREY RD. VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, CHARLES L 4145 CREEKWOOD LANE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/05-80035-006 50.00

**DO NOT WRITE
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)(f), 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

2/24/05 (321) 768-9500

Date

Daytime Phone #