

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90088 034 ****50.00

DOCUMENT # L97000001090 1. Entity Name NORTHWEST FLORIDA LAND, L.C.			
Principal Place of Business 400 GULF BREEZE PKWY SUITE 208 GULF BREEZE FL 32561		Mailing Address P.O. BOX 99 GULF BREEZE FL 32562	
2. Principal Place of Business 77 Baybridge Comm. Pk.		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gulf		City & State	
Zip 32561		Country	
Name and Address of Current Registered Agent LYONS, MARK III 400 GULF BREEZE PKWY SUITE 208 GULF BREEZE FL 32561		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 77 Baybridge Commercial Park City Gulf Breeze FL 32561	
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 <u><i>Mark Lyons III</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 4/7/05			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR A.M.I., INC. P.O. BOX 99 N/A GULF BREEZE FL 32562	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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: <u><i>Mark Lyons III</i></u> MARK LYONS III		4/30/05 8509340440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	