## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 22, 2007 08:00 AM Secretary of State

$\Box$	OCL	IMEN	JT #	L9900	ነበበበ	1753
$\boldsymbol{L}$	-	JIVILI	<del></del>		,ooo	1100

1. Entity Name LANTANA REALTY, LLC



Principal Place of Business

C/O CORPORATION SERVICES CO.

1201 HAYS STREET
TALLAHASSEE, FL 32301

Mailing Address

C/O CORPORATION SERVICES CO. 1201 HAYS STREET TALLAHASSEE, FL 32301



## DO NOT WRITE IN THIS SPACE

01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For	
58-2458765		Not Applicable
5. Certificate of Status Desired		\$5.00 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

1/11/07

Daytime Prone #

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 registored agent and tille if applicable (NOTE, Registore	d Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007							
9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGRM						
NAME	HOWARD D. WILSON, JR. TRUST						
STREET ADDRESS	10 N FOREST BEACH DRIVE, NO 1402						
CITY - ST - ZIP	HILTON HEAD ISLAND, SC 29928	<u> </u>					
TITLE	MGRM	01/24/07-80079-025 50.00					
NAME	THE HAILA R. WILSON TRUST						
STREET ADDRESS	10 N FOREST BEACH DRIVE, NO 1402						
CITY-ST-ZIP	HILTON HEAD ISLAND, SC 29928						
TITLE							
NAME							
STREET ADDRESS		DO MOT MOITE					
CITY-ST-ZIP		DO NOT WRITE					
TITLE		IN THE COACE					
NAME		IN THIS SPACE					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME		•					
STREET ADDRESS							
CITY-ST-ZIP	•	·					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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

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

Howard D. Wilson, Jr., Trustee