# 2004 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L99000003189**

1. Entity Name
PROSERVE LAND, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1786 S.W. BILTMORE STREET | 1786 S.W. BILTMORE STREET |
| PORT ST. LUCIE, FL | PORT ST. LUCIE, FL |

## DO NOT WRITE IN THIS SPACE

01132004 No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 65-0928395 | Not Applicable |

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MOORE, GAYLE L
1786 S.W. BILTMORE ST.
PORT ST.LUCIE, FL  34984

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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 _Gayle Moore_                                      1-13-04

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, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | MOORE, GAYLE L |
| STREET ADDRESS | 1786 SW BILTMORE ST. |
| CITY-ST-ZIP | PORT ST.LUCIE, FL  34984 |
| TITLE | MGRM |
| NAME | PURVIS, JOHN S |
| STREET ADDRESS | 1786 SW BILTMORE ST. |
| CITY-ST-ZIP | PORT ST.LUCIE, FL  34984 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:**                    Gayle Moore          1-13-04      772-871-2958

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