


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90356 027 \*\*\*\*50.00

<b>DOCUMENT # L99000003189</b>					
<b>1. Entity Name</b> PROSERVE LAND, L.C.					
<b>Principal Place of Business</b> 14920 ORANGE AVE. FT. PIERCE, FL 34945			<b>Mailing Address</b> P.O BOX 13448 FT. PIERCE, FL 34979		
<b>2. Principal Place of Business - No P.O. Box #</b> 1786 SW Biltmore St.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Port St. Lucie, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0928395	
<b>Zip</b> 34984		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MOORE, GAYLE L 14920 ORANGE AVE. FT. PIERCE, FL 34945			<b>7. Name and Address of New Registered Agent</b> Name: <u>Gayle Moore</u> Street Address, P.O. Box Number is Not Acceptable <u>9242 NW 144th Trail</u> City: <u>Okeechobee</u> <b>FL</b> Zip Code: <u>34972</u>		
<b>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.</b>					
<b>SIGNATURE</b> <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Managing Member</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4/27/07</u> <small>DATE</small>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM MOORE, GAYLE L P.O. BOX 13448 FT. PIERCE, FL 34979	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM PURVIS, JOHN S P.O. BOX 13448 FT. PIERCE, FL 34979	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>4/27/07</u> <small>Date</small>		863- 763-4414 <small>Daytime Phone #</small>	