

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000007963

1. Entity Name

NORTH AMERICAN LAND COMPANY, LLC



Principal Place of Business

124 SOUTH FLORIDA AVE.
LAKELAND, FL 33801

Mailing Address

124 SOUTH FLORIDA AVE.
LAKELAND, FL 33801



05012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3621958

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILPOT, BRIAN G
124 SOUTH FLORIDA AVE.
LAKELAND, FL 33801

**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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LAND ONE CAPITAL, LLC
124 SOUTH FLORIDA AVE.
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PHILPOT, SIDNERY
124 S. FLORIDA AVE
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LAND ONE PROPERTIES, INC.
124 S. FLORIDA AVE
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000562473
05/19/06-80055-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #