

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L99000008988**

1. Entity Name  
**M & M LAND COMPANY, L.L.C.**



Principal Place of Business  
**2058 BEE RIDGE RD.  
SARASOTA, FL 34239**

Mailing Address  
**2058 BEE RIDGE RD.  
SARASOTA, FL 34239**



01082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0972443</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**REINICKE, STEPHANIE A ESQ  
1800 SECOND STREET, SUITE 803  
SARASOTA, FL 34236**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWAN, MICHAEL T 4870 SOUTH TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUILLEN, MICHAEL L 4870 SOUTH TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARVEY, J. DONALD 1640 BAYWINDS LANE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80098-017 50.00

**DO NOT WRITE  
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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 #