


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000005720 1. Entity Name INDIAN LAND DEVELOPMENT COMPANY, LLC					
Principal Place of Business 2881 E. OAKLAND PARK BOULEVARD, SUITE FORT LAUDERDALE FL 33306				Mailing Address 2881 E. OAKLAND PARK BOULEVARD, SUITE FORT LAUDERDALE FL 33306	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number	
LANGLEY, DAVID W 8181 W. BROWARD BOULEVARD, SUITE 204 PLANTATION FL 33324-2149				76-0772871	
7. Name and Address of New Registered Agent				Applied For <input type="checkbox"/> Not Applicable	
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				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TALESMAN, CRAIG 8181 W BROWARD BLVD STE 204 PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000734802 05/10/07-800008-011 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRANK, JOEL M SR 8181 W BROWARD BLVD STE 204 PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E083 (10/06)

SIGNATURE:

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

Date

Daytime Phone #

CRAIG TALESMAN
C. TALESMAN MGRM

4-23-07

954-315-1725