2007 LIMITED LIABILITY COMPANY . ANNUAL REPORT (AR)

Apr 26, 2007 08:00 AM Secretary of State DOCUMENT # M04000005720 INDIAN LAND DEVELOPMENT COMPANY, LLC Principal Place of Business Mailing Address 2881 E. OAKLAND PARK BOULEVARD, SUITE FORT LAUDERDALE FL 33306 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. 1st MOORE CR2E083 (10/06) City & Stato City & Stato 4. FEI Numbor Applied For 76-0772871 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGLEY, DAVID W Street Address (P.O. Box Number is Not Acceptable) 8181 W. BROWARD BOULEVARD, SUITE 204 **PLANTATION FL 33324-2149** Zip Code 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, typed or printed name of registered agent and little if applicable. (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 TILLE **MGRM** ☐ Delele TITLE ☐ Change ■ Addition NAM TALESMAN, CRAIG *U00000734802* STREET ADDRESS STREET ADORESS 8181 W BROWARD BLVD STE 204 05/10/07-80008-011 50.00 CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-7(P HICE **MGRM** Defete DIRE ☐ Change Addition NAM FRANK, JOEL M SR STREET ADDRESS 8181 W BROWARD BLVD STE 204 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-7/P TITLE ☐ Delete LITTE Change ☐ Addition NAM STRECT ADDRESS STREET ADDRESS CHY-SI-ZiP CITY-ST-7/P TITLE Delete ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-74P TITLE. THE Delete ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STRUCT ADDRESS STREET ADDRESS City+St-7IP 11. I horeby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-07

954-315-1725

Daytima Phone #

FILED