

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005919

Entity Name: KOLTER LAND DIVISION LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

1601 FORUM PLACE, SUITE 805
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1601 FORUM PLACE, SUITE 805
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 98-0443847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JULIEN, ROBERT
Address: 1601 FORUM PLACE, SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: CLARKE, MICHAEL
Address: 1601 FORUM PLACE, SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: CSAPO, JOHN
Address: 1601 FORUM PLACE, SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL CLARKE

CFO

04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date