## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: JOSAN Mohney

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SIGNATURE: JOSAN Mohney

Jason Mohney

Hand Typed OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 08, 2005 8:00 am Secretary of State

4/4/05 (989) 288-2643

DOCUMENT # M9600000420  1. Entity Name NEVADA 6805 LAND CO., L.C.						04-08-2005 9	00282 029 ****5	50.00	
Principal Place of Business 8252 E. LANSING ROAD DURAND, MI 48429		Mailing Address 8252 E. LANSING ROAD DURAND, Mi 48429			t + <b>9.0 (F.9.</b> )	110 18110 \$110 BZ11 BB111 BY	M BEIN EBIN EBIN GIBLE NEW		
2. Principal Place of Business		3. Mailing Address							
6805 Adamo Dr. Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005	Charli C	OD0E000 (40/0	0)		
City & State		City & State			4. FEI Num		CR2E083 (10/0	Applied For	
Tampa, FL		,				07515		Not Applicable	
Zip 33619 Country U.S.		Zip Counti		try	5. Certificat	te of Status Desired	□ \$5.00 / Fee Requ	Additional ired	
	6. Name and Address of Current	Registered Agent	Name			7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM									
	TH PINE ISLAND ROAD ION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
	•					·,		<del>.</del>	
				City . FL 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 .		·		4.1			۹ ,	· ,	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registere	d Agent signature requir	ed when reinstating)	1	DATE	* · · · · · · · · · · · · · · · · · · ·	
Filing Fee is \$50.00 Due by May 1, 2005				e resta			e check payable to a Department of Si		
9.	MANAGING MEMBE	RS/MANAGERS	10.				/CHANGES	<u> </u>	
TITLE NAME	MGR	☐ Delete	TITLE		·		☐ Chang	e 🔲 Addition	
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CITY-ST-ZIP	DURAND, MI 48429			-S1-ZIP					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(i), 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.									