*2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M9900001932 1. Entity Name FISCHER LAND DEVELOPMENT, LLC



FILED Jul 13, 2007 08:00 AM Secretary of State

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Principal Place of Business

2445 SE FEDERAL HIGHWAY STUART, FL 34994-4530 Mailing Address

2445 SE FEDERAL HIGHWAY STUART, FL 34994-4530



DO NOT WRITE IN THIS SPACE

07052007No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARL E. FISCHER 2445 SE FEDERAL HIGHWAY STUART, FL 34994-4530

SIGNATURE

MICHATURE AND TIPED OR PRINTED HAND OF MIC

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 rehatating)	DATE
Filing Fee is \$56.00 Due by September 14, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CRY-ST-ZIP	MGR FISCHER, CARLE 2445 SE FEDERAL HIGHWAY STUART, FL 349944530		
TITLE NAME STREET ADDRESS CITY-ST-ZP			U00000768621 07/13/07-80004-025 50.00
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-DP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\wedge	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 11s, 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 60s, Florida Statutes.			

IN MANAGERS MEMBER, OR AUTHORISED REPRESENTATIVE