

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90138 023 ***150.00

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FP

DOCUMENT # P01000064490



1. Entity Name
MGM LAND DEVELOPMENT, INC.

Principal Place of Business
166 HWY. A1A N.
PONTE VEDRA BEACH FL 32082

Mailing Address
166 HWY. A1A N.
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business
140 B North One Dr.
Suite, Apt. #, etc.

3. Mailing Address
140 B North One Drive
Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

4. FEI Number 59-3729377

Applied For
Not Applicable

Zip 32095
Country USA

Zip 32095
Country USA

Zip 32095
Country USA

Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT & DEAL, P.A.
135 PROFESSIONAL DR., STE. 101
PONTE VEDRA BEACH FL 32082

Name
Street Address (P.O. Box Number is Not Acceptable)
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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE April 15 2003

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCUMBER, GARY M	
STREET ADDRESS	166 HWY. A1A N.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	V	<input type="checkbox"/> Delete
NAME	KILLEBREN, JESSE P	
STREET ADDRESS	166 HWY A1A N	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Killebren April 15, 2003 904-823-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)