



FILED
Feb 26, 2004 08:00 AM
Secretary of State

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # Z00326 1. Entity Name I-4 LAND HOLDING LIMITED COMPANY			
Principal Place of Business 6130 LAZY DAYS BLVD SEFFNER, FL 33584		Mailing Address 6508 E. FOWLER AVENUE TAMPA, FL 33617	
DO NOT WRITE IN THIS SPACE			
		01292004 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 59-3220936	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, J. MICHAEL 6508 E. FOWLER AVENUE TAMPA, FL 33617		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		000000067853 02/27/04-80008-018 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALLACE, DONALD 6130 LAZY DAYS BLVD SEFFNER, FL 33584	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALLACE, ERIKA 6130 LAZY DAYS BLVD SEFFNER, FL 33584		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.			
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		2-23-04 Date Daytime Phone #	