FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Wintergreen Advisers, LLC					<u>C</u>	2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED TOMOKA LAND CO CTO]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify)						
(Last) (First) (Middle) 333 ROUTE 46 WEST SUITE 204					3. Date of Earliest Transaction (Month/Day/Year) 03/13/2007										belov		ue		elow)			
(Street) MOUNT LAKES (City)	N.	NJ 07046 (State) (Zip)			4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. T			2. Transaction Date (Month/Day/)	Execut		Deemed ecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquir Disposed Of (D) (Ins			quired (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Indi Ber Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Am	nount	(A) or (D)	Price		Reported Transacti (Instr. 3 a	on(s)			(ins	str. 4)	
Common Stock ⁽¹⁾				03/13/20	/2007				P		4	4,716	A	\$75.57	'42	1,031,922		I		clie Wi	advisory ents of intergreen dvisers,	
Common Stock ⁽¹⁾			03/15/20	07				P			300	A	\$75.18	333	1,032,222		I		clie Wi	advisory ents of intergreen lvisers, .C		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	Derivative Security (Instr. 3) Date (Month/Day/Year) Date (Month/Day/Year) Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Trans	nsaction de (Instr. 5. Numbe of Derivative Securitie: Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		mber ative ities red sed	6. D Exp (Mo	ate Exe iration nth/Day	ercis Date y/Yea	able and	7. Title Amou Secur Under Deriva Secur and 4)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		. Price of erivative ecurity nstr. 5)	ative derivativ		10. Owner: Form: Direct or Indii (I) (Inst	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. These securities may be deemed to be beneficially owned by Wintergreen Advisers, LLC (the "Reporting Person") the investment manager of Wintergreen Fund, Inc. and other advisory clients. The Reporting Person disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein. The Reporting Person has no pecuniary interest in the securities beneficially owned by Wintergreen Fund, Inc. This report shall not be deemed an admission that the Reporting Person is the beneficial owner of the reported securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

> Wintergreen Advisers, LLC by: /s/ David J. Winters, Managing 03/15/2007 Member

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.