

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019217

FILED
Apr 26, 2004
Secretary of State

Entity Name: THIS LAND IS YOUR LAND, LLC

Current Principal Place of Business:

8751 WEST BROWARD BOULEVARD
SUITE 410
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8751 WEST BROWARD BOULEVARD
SUITE 410
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 04-3705070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAUBER, ADAM C
8751 WEST BROWARD BOULEVARD
SUITE 410
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: AUBER, ADAM
Address: 8751 WEST BROWARD BLVD. #410
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: HURTIG, ADAM
Address: 8751 WEST BROWARD BLVD. #410
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: WALTER, JAMES
Address: 6601 LYONS ROAD I-B
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADAM KLAUBER MGRM 04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date