

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

5/

05-02-2003 90075 029 \*\*\*\*50.00

**DOCUMENT # L02000019217**

1. Entity Name  
**THIS LAND IS YOUR LAND, LLC**



Principal Place of Business      Mailing Address  
**8751 WEST BROWARD BOULEVARD**      **8751 WEST BROWARD BOULEVARD**  
**SUITE 410**      **SUITE 410**  
**PLANTATION FL 33324**      **PLANTATION FL 33324**

**44003173.**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **04-3705070**      Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KLAUBER, ADAM C**  
**8751 WEST BROWARD BOULEVARD**  
**SUITE 410**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <input type="checkbox"/> Delete <b>ADAM KLAUBER</b> <b>8751 WEST BROWARD BLVD # 410</b> <b>PLANTATION, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>ADAM HURTIG</b> <b>8751 WEST BROWARD BLVD # 410</b> <b>PLANTATION, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>JAMES WALKER</b> <b>6601 LYONS ROAD I-B</b> <b>COCONUT CREEK, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 60B, Florida Statutes.

SIGNATURE:  **Adam C. Klauber**      Date: **4/28/03**      Daytona Phone # **954 424 7666**

CR2003 (10/02)