FILED
Feb 28, 2007 8:00 am
Secretary of State

01-31-2007 90083 027 ***150.00

1/3

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023983

1. Entity Name
FIRST LAND NORTH LLC

Principal Place of Business	Mailing Address
P.O. BOX 1601 COCONUT GROVE, FL 33133	P.O. BOX 1601 COCONUT GROVE, FL 33133

30001441

01022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2401 SEAGATE LN S.	P.O. Box 1601
Suite, Apt. #, etc. St John	Suite, Apt. #, etc. COCONUT GROVE FL
City & State FL.	City & State
Zip 32084 Country St John.	Zip 33233 Country DADE

4. FEI Number 61-1458511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, RICHARD 6701 SUNSET DR, STE 100 MIAMI, FL 33143	Name RICHARD DIAZ Street Address (P.O. Box Number is Not Acceptable) 6701 SUNSET Dr Ste 100 City MIAMI FL Zip Code 33143

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] RICHARD DIAZ 2·22·07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	DIAZ, RICHARD	
STREET ADDRESS	6701 SUNSET DR, STE 100	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] RICHARD DIAZ 2·22·07 9047557564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #