

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

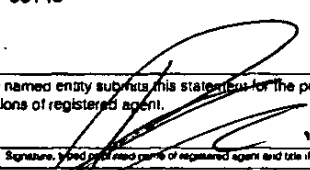
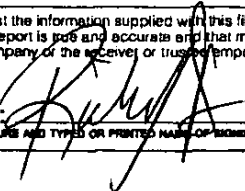
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FILED
Feb 28, 2007 8:00 am
Secretary of State

01-31-2007 90083 027 ***150.00

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DOCUMENT # L03000023983			
1. Entity Name FIRST LAND NORTH LLC			
Principal Place of Business P.O. BOX 1601 COCONUT GROVE, FL 33133		Mailing Address P.O. BOX 1601 COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box # 2401 SEAGATE LUS.		3. Mailing Address P.O. Box 1601	
State, Apt. #, etc. St John		State, Apt. #, etc. COCONUT GROVE FL	
City & State FL.		City & State FL.	
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 DIAZ, RICHARD 6701 SUNSET DR, STE 100 MIAMI, FL 33143		7. Name and Address of New Registered Agent 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 		DATE 2-22-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR DIAZ, RICHARD 6701 SUNSET DR, STE 100 MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 		DATE 2.22.07 904755784	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	