


**2007 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED

07 JUL 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L04000036486			
1. Entity Name TH LAND, LLC			
Principal Place of Business 14905 PINEAPPLE LANE TAMPA, FL 33626		Mailing Address 14905 PINEAPPLE LANE TAMPA, FL 33628	
2. Principal Place of Business - No P.O. Box # 1501 S. Florida Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2835 Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33803-2258	Country USA	Zip 33806-2835	Country USA
4. FEI Number 90-0157384		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., 21ST FLOOR MIAMI, FL 33131		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 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE	
Amended AR is \$50.00		BK	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREATIVE LAND CONCEPTS, INC. C/O 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mirror Properties Corp. P.O. Box 2835 Lakeland, FL 33806-2835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD BISHOP, WILLIAM L 14101 RACE TRACK RD TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900106806773 07/27/07--01015--010 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 606, Florida Statutes.			
SIGNATURE: <u>Grant Enlow</u> / Grant Enlow, VP of Manager 07/24/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



07242007 Chg-LLC CR2E093 (12/06)