


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State


01-16-2007 90054 023 ****50.00

DOCUMENT # L05000963450 1. Entity Name BETTER LAND, LLC	
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Principal Place of Business 387 WINSFORD COURT LAKE MARY, FL 32746	Mailing Address 387 WINSFORD COURT LAKE MARY, FL 32746
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2. Principal Place of Business - No P.O. Box # <i>387 Winsford Ct.</i>	3. Mailing Address <i>same as above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>LAKE MARY FLORIDA</i>	City & State	4. FEI Number 75-3195789	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32746</i>	Country <i>Jamaica</i>	Zip	Country



01082007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent LIGHTSEY, ALTON L 2105 PARK AVENUE NORTH WINTER PARK, FL 32789	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 re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P WOGGFORD, DALLAS	<input type="checkbox"/> Delete	TITLE	P WOLFORD, DALLAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	387 WINSFORD CT		STREET ADDRESS	Same	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Same	
TITLE	VP WALKER, ROBERT	<input type="checkbox"/> Delete	TITLE	VP LWA WALKER, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	314 G. GENIEVE ST		STREET ADDRESS	Same	
CITY-ST-ZIP	OCOOE, FL 34761		CITY-ST-ZIP	Same	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Dallas J. Wolford President*