


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 reconstituting) 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	TITLE	P WOLFORD, DALLAS
NAME		NAME	
STREET ADDRESS	387 WINSFORD CT	STREET ADDRESS	same
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	same
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP WALKER, ROBERT	TITLE	VP WALKER, ROBERT
NAME		NAME	
STREET ADDRESS	314 G. GENIEVE ST	STREET ADDRESS	same
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP	same
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 608, Florida Statutes.

SIGNATURE: *Dallas J. Wolford President*