## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000101521** 

SFP LAND COMPANY, LLC

**FILED** Aug 10, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

32000 NORTHWESTERN HIGHWAY STE 220 FARMINGTON HILLS, MI 48334

32000 NORTHWESTERN HIGHWAY STE 220 FARMINGTON HILLS, MI 48334



07102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 76-0803295

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DO NOT WRITE IN THIS SPACE

SCHMIER, ROBERT J 7777 GLADES ROAD STE 310 BOCA RATON, FL 33434

## DO NOT WRITE IN THIS SPACE

	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.
SI.	CNIATI IDE

(NOTE. Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR DRUMM, SCOTT MANAGER 32000 NORTHWESTERN HWY #220 FARMINGTON HILLS, MI 48334		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMIER, MARK MANAGER 32000 NORTHWESTERN HWY #220 FARMINGTON HILLS, MI 48334		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMIER, ROBERT J MANAGER 7777 GLADES ROAD STE 310 BOCA RATON, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

U00000771824 08/10/07-80002-013 50.00

DATE

## DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with this bling	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
	imited liability company or the receiver or traftee empoyer	vered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

7-26-07

Daylime Phone #