

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101521

Entity Name: SFP LAND COMPANY, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

32000 NORTHWESTERN HIGHWAY STE 220
FARMINGTON HILLS, MI 48334

New Principal Place of Business:

Current Mailing Address:

32000 NORTHWESTERN HIGHWAY STE 220
FARMINGTON HILLS, MI 48334

New Mailing Address:

FEI Number: 76-0803295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DRUMM, SCOTT MANAGER
Address: 32000 NORTHWESTERN HWY #220
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: MGR () Delete
Name: SCHMIER, MARK MANAGER
Address: 32000 NORTHWESTERN HWY #220
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: MGR () Delete
Name: SCHMIER, ROBERT J MANAGER
Address: 7777 GLADES ROAD STE 310
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT DRUMM

MGR

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date