

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043435

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** LAND BARON III LLC

**Current Principal Place of Business:**

5310 NW 33RD AVENUE  
SUITE 100  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

1371 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**Current Mailing Address:**

5310 NW 33RD AVENUE  
SUITE 100  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

1371 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

FEI Number: 06-1727679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDON, BRIAN  
5310 NW 33RD AVENUE  
SUITE 100  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

GORDON, BRIAN  
1371 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

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: BRIAN GORDON

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GORDON, BRIAN  
Address: 5310 NW 33RD AVENUE, #100  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GORDON, BRIAN  
Address: 1371 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 US

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: BRIAN GORDON

MGRM

04/15/2009

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