## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2006 08:00 AM Secretary of State

ANNUAL REPURI						. 3 01 ~	
1. Entity Nar	MENT # 606097 LAND COMPANY, INC.						
1	AVENUE (	NC				In <b>1</b> 00 and 100	
Г	OO NOT WRITE II	CE	03232008 No Chg-P CR2E034 (11/05)  4. FEI Number				
<del> </del>	6. Name and Address of Current Regis	fered Agent	<del></del> _				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				IN	NOT WI	ACE	
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  Signature hyper or printed name of registered agent and title if applicable  [NOTE. Registered Agent signature required when retreating)  OATE							
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			icing _ \$5	5.00 May Be ded to Fees	04/19/06-80	(2444	150.00
10.	OFFICERS AND DIREC	TORS	I		<del></del>		
TITLE RAME STREET ADDRESS CITY-ST-ZIP	P LINDSAY, ROBERT C/O BESSEMER 630 5TH AVENUE NEW YORK, NY 10111						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD DAVIS, RICHARD C/O BESSEMER 630 5TH AVENUE NEW YORK, NY 10111						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	TVPD MACDONALD, JOHN G C/O BESSEMER 630 5TH AVENUE NEW YORK, NY 10111				NOT WI		
STREET ADORESS CITY-ST-ZIP				** *	<del></del>		
TITLE							

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

3/28/06

Dayisms Phone #