


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # A05000000884	
1. Entity Name THE BROCK FUND LAND AND DEVELOPMENT FUND, LLLP	

Principal Place of Business 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	Mailing Address 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 4650 Donald Ross Rd. Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens FL Zip 33418 Country	3. Mailing Address 4650 Donald Ross Rd. Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens FL Zip 33418 Country
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02282008 Chg-LP CR2E003 (12/06)

4. FEI Number 03-0553874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Brock, Peter Street Address (P.O. Box Number is Not Acceptable) 4650 Donald Ross Rd. Suite 200 City Palm Beach Gardens FL Zip Code 33418
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and fee if applicable)

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L05000038106 BROCK FUND NO. 1, LLC 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	STREET ADDRESS CITY - ST - ZIP	4650 Donald Ross Rd. Suite 200 Palm Beach Gardens, FL 33418
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE