

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000005002

1. Entity Name
THE OPEN LAND FUND, L.L.C.



Principal Place of Business

46 SW 1ST STREET
3RD FLOOR
MIAMI, FL 33130

Mailing Address

46 SW 1ST STREET
3RD FLOOR
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1031679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

BASS, JEFFREY S
C/O LAW OFFICES OF SHUBIN & BASS PA
46 SW 1ST STREET 3RD FLOOR
MIAMI, FL 33130

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

U000000587535
01/17/07-80036-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO
NAME	SHUBIN, JOHN
STREET ADDRESS	46 SW 1ST STREET, 3RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	P
NAME	BASS, JEFFREY
STREET ADDRESS	46 SW 1ST STREET, 3RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 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: _____

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

Date

Daytime Phone #