

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010816

1. Entity Name

LAND, LLC

Principal Place of Business

3638 GLEN RIDGE LANE
SARASOTA FL 34233

Mailing Address

3638 GLEN RIDGE LANE
SARASOTA FL 34233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR THOMAS, LINDA
STREET ADDRESS 3638 GLEN RIDGE LANE
CITY-ST-ZIP SARASOTA FL 34233

TITLE NAME Douglas Page
STREET ADDRESS Sarasota, FL
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Douglas Page - Member
STREET ADDRESS 1825 SANDALWOOD DR.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE NAME 400003745
STREET ADDRESS -02/21/01--01089--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 FEB 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

32-2074290

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/00)