

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90002 016 \*\*\*\*50.00

**DOCUMENT # L01000005801**

1. Entity Name

**LAND BANK LLC**

Principal Place of Business

**1210 GEORGE BUSH BLVD.  
 SUITE 3  
 DELRAY BEACH FL 33483**

Mailing Address

**1210 GEORGE BUSH BLVD.  
 SUITE 3  
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

**218 NE 11 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DeLray Beach FL**

Zip

Country

Zip

Country

**33444**

**US**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Douglas G. Mathieson*

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

(NOTE: Registered Agent signature required when reinstating)

*July 26, 2002*

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  
 NAME **MATHIESON, DOUGLAS G**  
 STREET ADDRESS **1210 GEORGE BUSH BLVD.**  
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

☐ Delete

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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: *Douglas G. Mathieson*

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

*July 26, 2002* 2430769

Date

Daytime Phone #

CR2E083 (4/02)