


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90361 006 \*\*\*\*50.00

<b>DOCUMENT #</b> L01000008530	
<b>1. Entity Name</b> LAND ONE CAPITAL, LLC	

<b>Principal Place of Business</b> 124 SOUTH FLORIDA AVENUE LAKELAND FL 33801	<b>Mailing Address</b> POST OFFICE BOX 1746 LAKELAND FL 33802
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> PO Box 8229 Suite, Apt. #, etc.
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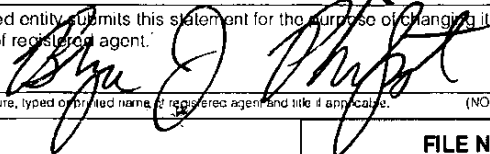
1st MOORE CR2E083 (10/06)

<b>City &amp; State</b> LAKELAND, FL	<b>City &amp; State</b> LAKELAND, FL
<b>Zip</b> 33802	<b>Country</b> USA

<b>4. FEI Number</b> 59-3722539	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> PHILPOT, BRIAN G 124 SOUTH FLORIDA AVENUE LAKELAND FL 33801
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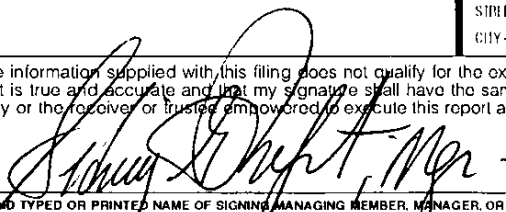
<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b> PHILPOT, BRYCE J.	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 124 S. FLORIDA AVE	
<b>City</b> LAKELAND	<b>Zip Code</b> FL 33801

<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 04-10-07

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>	
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9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> SIDNEY, PHILPOT 124 S FLORIDA AVE LAKELAND FL 33801 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> LAND ONE PROPERTIES, INC 124 S FLORIDA AVE LAKELAND FL 33801 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>	
<b>SIGNATURE:</b> 	<b>DATE</b> 04-10-07 <b>DAYTIME PHONE #</b> 863-688-7575