2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015191

FILED
May 15, 2008
Secretary of State

Entity Name: MID-STATE LAND INVESTMENTS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
711 N. FLORIDA AVENUE 229 TAMPA, FL 33601	2906 ASTON AVENUE PLANT CITY, FL 33566

Current Mailing Address:	**New Mailing Address:**
POST OFFICE BOX 1336 TAMPA, FL 33601	2906 ASTON AVENUE PLANT CITY, FL 33566

FEI Number: 04-3685725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BANKS, JR., CHARLES M MGR 711 NORTH FLORIDA AVENUE 229 TAMPA, FL 33601 US	BANKS, JR., CHARLES M MGR 2906 ASTON AVENUE PLANT CITY, FL 33566 US

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: ______________________________ 05/15/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:		**ADDITIONS/CHANGES:**	
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	BANKS, CHARLES M JR	Name:	BANKS, CHARLES M JR
Address:	711 N FLORIDA AVENUE	Address:	2906 ASTON AVENUE
City-St-Zip:	TAMPA, FL 33601	City-St-Zip:	PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES M. BANKS, JR. MGR 05/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date