

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

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05-02-2003 90075 029 ****50.00

DOCUMENT # L02000019217

1. Entity Name

THIS LAND IS YOUR LAND, LLC



Principal Place of Business

**8751 WEST BROWARD BOULEVARD
SUITE 410
PLANTATION FL 33324**

Mailing Address

**8751 WEST BROWARD BOULEVARD
SUITE 410
PLANTATION FL 33324**

44003173



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3705070

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KLAUBER, ADAM C
8751 WEST BROWARD BOULEVARD
SUITE 410
PLANTATION FL 33324**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **ADAM KLAUBER**
STREET ADDRESS **8751 WEST BROWARD BLVD # 410**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **MEMBER** ☐ Delete
NAME **ADAM HURTIG**
STREET ADDRESS **8751 WEST BROWARD BLVD # 410**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **MEMBER** ☐ Delete
NAME **JAMES WALKER**
STREET ADDRESS **6601 LYONS ROAD I-8**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Adam C. Klauber 4/28/03 954 424 7666

Date

Daytime Phone

CR2E083 (10/02)