

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000524

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: LAND BARON "LLC"

**Current Principal Place of Business:**

3045 LAKE POINT PLACE  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

3045 LAKE POINT PLACE  
DAVIE, FL 33328 US

**New Mailing Address:**

3045 LAKE POINT PLACE  
DAVIE, FL 33328

FEI Number: 42-1567097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARVEY, FRANK  
5310 NW 33RD ST AVE  
SUITE 100  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROSEN, DREW C  
Address: 3045 LAKE POINT PLACE  
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM (X) Delete  
Name: ROSEN, GARY  
Address: 2881 W LAKE VISTA CIR  
City-St-Zip: DAVIE, FL 33328

Title: D (X) Delete  
Name: ROSEN, SAM  
Address: 935 GENTER ST UNIT 311  
City-St-Zip: LA JOLLA, CA 92037

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DREW ROSEN

MGMR

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date