

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012423

FILED
Apr 16, 2009
Secretary of State

Entity Name: ILS LAND ACQUISITION COMPANY, LLC

Current Principal Place of Business:

63 MAIN STREET
FLEMINGTON, NJ 08822 US

New Principal Place of Business:

54 MAIN STREET
FLEMINGTON, NJ 08822 US

Current Mailing Address:

63 MAIN STREET
FLEMINGTON, NJ 08822 US

New Mailing Address:

54 MAIN STREET
FLEMINGTON, NJ 08822 US

FEI Number: 11-3686977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOV, LANGER
4619 SOUTHWEST 25TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

DOV, LANGER
3820 SURFSIDE BLVD.
CAPE CORAL, FL 33914 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: DOV LANGER

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LANGER, DOV
Address: 4619 SW 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: LANGER, BARBARA
Address: 4619 SW 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LANGER, DOV
Address: 3820 SURFSIDE BLVD.
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Change () Addition
Name: LANGER, BARBARA
Address: 3820 SURFSIDE BLVD.
City-St-Zip: CAPE CORAL, FL 33914 US

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: DOV LANGER

MGRM

04/16/2009

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