

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015599

FILED
Jul 16, 2007
Secretary of State

Entity Name: LAMAR LAND HOLDINGS, LLC

Current Principal Place of Business:

10097 CLEARY BLVD
273
PLANTATION, FL 33324

New Principal Place of Business:

3800 GALT OCEAN DRIVE
PH8
FT. LAUDERDALE, FL 33308

Current Mailing Address:

10097 CLEARY BLVD
273
PLANTATION, FL 33324

New Mailing Address:

3800 GALT OCEAN DRIVE
PH8
FT. LAUDERDALE, FL 33308

FEI Number: 65-1184931 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:

SIEGEL, LAWRENCE
12021 N.W. 4 STREET
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

SIEGEL, LAWRENCE
3800 GALT OCEAN DRIVE
PH8
FT. LAUDERDALE, FL 33308 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: LAWRENCE SIEGEL

07/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIEGEL, LAWRENCE
Address: 3800 SOUTH OCEAN DRIVE #PH-8
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIEGEL, LAWRENCE
Address: 3800 GALT OCEAN DRIVE #PH-8
City-St-Zip: FORT LAUDERDALE, FL 33308

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: LAWRENCE SIEGEL

MGR

07/16/2007

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