2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

DOCUMENT # L03000022477

1. Entity Name
HENDERSON BROTHERS/LAND, LLC

Principal Place of Business	Mailing Address
711 S. HOWARD AVE, STE 200 TAMPA, FL 33606	711 S. HOWARD AVE, STE 200 TAMPA, FL 33606

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08272005   Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
30-0185134	Not Applicable

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
HENDERSON, ALLEN E HENDERSON BROTHERS, INC. 711 S. HOWARD AVE., SUITE 20 TAMPA, FL 33606	**Name** Henderson, Allen E. **Street Address (P.O. Box Number is Not Acceptable)** 711 S. Howard Avenue Ste. 200 **City** Tampa, **FL** **Zip Code** 33606

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]_   ALLEN E. HENDERSON   9/1/05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME HENDERSON, ALLEN E STREET ADDRESS 4520 WEST WOODMERE ROAD CITY-ST-ZIP TAMPA, FL 33609	☐ Delete	TITLE Mgr/P/T NAME Henderson, Allen E. STREET ADDRESS 711 S. Howard Avenue, Ste. 200 CITY-ST-ZIP Tampa, FL 33606	☒ Change ☐ Addition
TITLE MGR NAME HENDERSON, FRANK M JR. STREET ADDRESS 2816 FOUNTAIN BLVD. CITY-ST-ZIP TAMPA, FL 33609	☐ Delete	TITLE Mgr/V/S NAME Henderson, Frank M., Jr. STREET ADDRESS 711 S. Howard Avenue, Ste. 200 CITY-ST-ZIP Tampa, FL 33606	☒ Change ☐ Addition
TITLE MGRM NAME HENDERSON BROTHERS, INC. STREET ADDRESS 4520 W. WOODMERE RD. CITY-ST-ZIP TAMPA, FL 33609	☒ Delete	TITLE NAME STREET ADDRESS 800060050628 CITY-ST-ZIP 09/28/05--01054--017 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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]_   ALLEN E. HENDERSON   9/1/05   813-245-1989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Allen E. Henderson, Manager