



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90435 026 ****50.00

DOCUMENT # L03000029887 1. Entity Name LAND CONCEPTS, LLC			
Principal Place of Business 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 14905 Pineapple Lane Suite, Apt. #, etc.		3. Mailing Address 6508 E. Fowler Ave Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa	
Zip 33626		Zip FL 33617	
Country		Country	
4. FEI Number 20-0161679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Ronald Albert JR - Broad and Cassel Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower - 21st Floor 2 South Biscayne Blvd City Miami	
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.		DATE	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME CREATIVE LAND CONCEPTS, INC. STREET ADDRESS 701 BRICKELL AVE, #3000 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE MGR NAME Creative Land Concepts STREET ADDRESS o/o 6508 E. Fowler Avenue CITY-ST-ZIP Tampa, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		BY: CREATIVE LAND CONCEPTS, INC ITS MANAGER BY: WILLIAM L. BISHOP MANAGING DIRECTOR & VP.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	