


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000042207 1. Entity Name WESTON LAND GROUP, LLC	
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Principal Place of Business C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134	Mailing Address C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134
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04152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 MACNAIR, CHRISTOPHER J C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134
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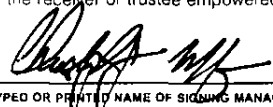
DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIML LIMITED PARTNERSHIP 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BBS LAND GROUP, LLC 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134
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<p>U000000924558 05/19/08-80006-009 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 606, Florida Statutes.	
SIGNATURE:  Christopher J. Macnair	Date 4/25/08 (305) 445-6161
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	
<small>Date Daytime Phone #</small>	