

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027091

FILED
Jan 17, 2007
Secretary of State

Entity Name: CASH IN LAND, LLC

Current Principal Place of Business:

1311 COMMERCE LANE
23
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

1311 COMMERCE LANE
23
JUPITER, FL 33458 US

New Mailing Address:

6671 W. INDIANTOWN RD.
SUITE #56-143
JUPITER, FL 33458 US

FEI Number: 57-1203768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, MARK H
1311 COMMERCE LANE
23
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREENE, MARK H
Address: 18329 LOXAHATCHEE RIVER RD.
City-St-Zip: JUPITER, FL 33458 US

Title: MGRM () Delete
Name: KUIPERS, JOHN
Address: 18930 PAINTED LEAF COURT
City-St-Zip: JUPITER, FL 33458 US

Title: MGRM () Delete
Name: FRITZ, ALLAN
Address: 208 FAIRWAY EAST
City-St-Zip: TEQUESTA, FL 33469 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK GREENE

MGRM

01/17/2007

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