2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 17, 2008
Secretary of State

DOCUMENT# L04000056542

Entity Name: LND, LLC

Current Principal Place of Business:

3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3030 HARTLEY ROAD
SUITE 300
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-1472605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT M. GARDNER, PA
157 E. NEW ENGLAND AVE.
SUITE 370
WINTER PARK, FL 32789 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:	MGR	( ) Delete
Name:	HUTSON, DAVID W PRES	
Address:	3030 HARTLEY ROAD, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	MGRM	( ) Delete
Name:	HUTSON, NANCY A V/P	
Address:	3030 HARTLEY ROAD, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	MGRM	(X) Delete
Name:	WILSON, ERIK H V/P	
Address:	3030 HARTLEY ROAD, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	MGRM	( ) Delete
Name:	COX, ELINORE C S/T	
Address:	3030 HARTLEY ROAD, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32257	

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

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: ELINORE C. COX MGRM 07/17/2008

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