


**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**30002043**

<b>DOCUMENT # L04000061044</b> 1. Entity Name <b>COOK LAND PROPERTIES, LLC</b>		
Principal Place of Business <b>1103 HICKORY WAY                  WESTON, FL 33327</b>		Mailing Address <b>1103 HICKORY WAY                  WESTON, FL 33327</b>
2. Principal Place of Business - No P.O. Box # <b>2721 EXECUTIVE PARK DR.</b>		3. Mailing Address <b>2721 EXECUTIVE PK DRIVE</b>
Suite, Apt. #, etc. <b>SUITE 4</b>		Suite, Apt. #, etc. <b>#4</b>
City & State <b>WESTON FL</b>		City & State <b>WESTON, FL</b>
Zip <b>33331</b>		Zip <b>33331</b>
Country		Country
4. FFI Number <b>20-1509691</b>		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  <b>COOK, CORYDON                  1103 HICKORY WAY                  WESTON, FL 33327</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2721 EXECUTIVE PARK DRIVE</b> SUITE 4 City <b>WESTON</b> FL Zip Code <b>33331</b>
8. The above named entity submits this statement of 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 <u><i>Cory Cook</i></u> DATE <u>2/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE <b>MGR</b>	NAME <b>COOK, CORYDON</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1103 HICKORY WAY</b>	CITY-ST-ZIP <b>WESTON, FL 33327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Cory Cook</i></u>		Date <u>2/7/07</u> Daytime Phone # <u>954-399-1333</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>