

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90011 001 ****55.00

DOCUMENT # L04000061768					
1. Entity Name D & J LAND PROPERTIES, LLC					
Principal Place of Business 3403 BIMINI LANE, UNIT G-4 COCONUT CREEK, FL 33066			Mailing Address 3403 BIMINI LANE, UNIT G-4 COCONUT CREEK, FL 33066		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8010 REDSTONE RD			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State KINGSVILLE, MD		4. FEI Number 03-0548904	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
		21087	USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOBIN & REYES, P.A. 7251 WEST PALMETTO PARK ROAD, STE. 205 BOCA RATON, FL 33433				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when filing report) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BENNETT, RICHARD S JR			NAME	
STREET ADDRESS	8010 REDSTONE RD			STREET ADDRESS	
CITY- ST- ZIP	KINGSVILLE, MD 21087			CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
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>Richard S Bennett</u>				7/24/07 410-592-2760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	