

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90131 013 ***138.75

DOCUMENT # L05000005911

1. Entity Name

LAND BARONS, LLC



Principal Place of Business

13750 W. COLONIAL DR
SUITE 350-401
WINTER GARDEN FL 34787

Mailing Address

13750 W. COLONIAL DR
SUITE 350-401
WINTER GARDEN FL 34787

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

LAND BARONS, LLC

Suite, Apt. #, etc.

CARL BRAUNAGEL
2625 S. ANICA LANE

City & State

COTTONWOOD ARIZONA

Zip

Country

86326

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-2303406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAUNAGEL, CARL J JR
13750 W. COLONIAL DR
SUITE 350-401
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

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]

2-28-08

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BRAUNAGEL, CARL J JR
STREET ADDRESS 318 ENGLISH LAKE DRIVE
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Addition
NAME Carl & Elizabeth Braunagel
STREET ADDRESS 2625 South Anica Lane
CITY-ST-ZIP Cottonwood, Arizona 86326
(407) 702-7361

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE:

[Signature]

2-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Signature Printed