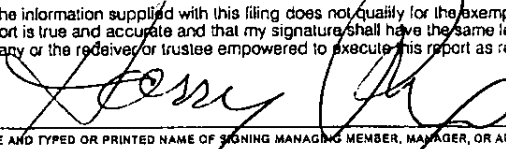


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90154 036 ****50.00

DOCUMENT # L05000010711 1. Entity Name R & D LAND PARTNERS, LLC					
Principal Place of Business 435 SW 200TH TERRACE PEMBROKE PINES, FL 33029			Mailing Address 435 SW 200TH TERRACE PEMBROKE PINES, FL 33029		
2. Principal Place of Business P. O. Box 510715 Suite, Apt. #, etc. 150 12th Street		3. Mailing Address P. O. Box 510715 Suite, Apt. #, etc. 150 12th Street			
City & State Key Colony Beach, FL		City & State Key Colony Beach, FL		4. FEI Number 42-1659350	
Zip 33051		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KETCHUM, SCOTT M ESQ. 692 GOODLETTE ROAD NORTH NAPLES, FL 34102				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIX, HARRY P 435 SW 200TH TERRACE PEMBROKE PINES, FL 33029	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 510715, 150 12th Street Key Colony Beach, FL 33051	☒ Change ☐ Addition			
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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:  4/4/07 305-240-1080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

60034889



02172006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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Due by May 1, 2007**

Make check payable to:
Florida Department of State

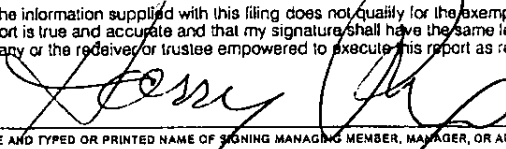
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition P.O. Box 510715, 150 12th Street Key Colony Beach, FL 33051	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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SIGNATURE:  **4/4/07** **305-240-1080**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #