

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045160

**FILED**  
**Feb 18, 2008**  
**Secretary of State**

**Entity Name:** IMPACT LAND DEVELOPMENT, LLC

**Current Principal Place of Business:**

3001 N ROCKY POINT DR. STE 390  
TAMPA, FL 33607

**New Principal Place of Business:**

3030 N ROCKY POINT DRIVE WEST  
SUITE 820  
TAMPA, FL 33607

**Current Mailing Address:**

3001 N ROCKY POINT DR. STE 390  
TAMPA, FL 33607

**New Mailing Address:**

3030 N ROCKY POINT DRIVE WEST  
SUITE 820  
TAMPA, FL 33607

**FEI Number:** 20-2802807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANJI, DILIP  
3001 N ROCKY POINT DR. STE 390  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

KANJI, DILIP  
3030 N ROCKY POINT DRIVE WEST  
SUITE 820  
TAMPA, FL 33607 US

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:

02/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KANJI, DILIP  
Address: 3001 N ROCKY POINT DR. STE 390  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KANJI, DILIP  
Address: 3030 N ROCKY POINT DRIVE WEST # 820  
City-St-Zip: TAMPA, FL 33607

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: DILIP KANJI

MGR

02/18/2008

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