

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90041 034 \*\*\*138.75

<b>DOCUMENT # L05000060347</b>																																																																																																																																			
<b>1. Entity Name</b> WELLBORN LAND INVESTMENTS, LLC																																																																																																																																			
<b>Principal Place of Business</b> 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055			<b>Mailing Address</b> PO BOX 3659 LAKE CITY, FL 32056																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 2806 W US 90		<b>3. Mailing Address</b> Suite, Apt. #, etc.																																																																																																																																	
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<b>City &amp; State</b> LAKE CITY FL		<b>City &amp; State</b>																																																																																																																																	
<b>Zip</b> 32055		<b>Country</b> USA		<b>4. FEI Number</b> 20-3009667																																																																																																																															
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>  CRAPPS, DANIEL 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2806 W US 90 SUITE 101 City LAKE CITY FL 32055																																																																																																																																
<b>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.</b>																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																																
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<b>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.</b>																																																																																																																																			
<table style="width:100%;"> <tr> <td style="width: 30%;"> <b>SIGNATURE:</b>  </td> <td style="width: 40%; text-align: center;"> <b>DANIEL CRAPPS as Manager</b> </td> <td style="width: 30%; text-align: right;"> <b>4/30/08 386-755-5110</b> </td> </tr> <tr> <td colspan="3" style="font-size: small;">                 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE             </td> </tr> </table>						<b>SIGNATURE:</b> 	<b>DANIEL CRAPPS as Manager</b>	<b>4/30/08 386-755-5110</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																										
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