

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063899

FILED
May 01, 2008
Secretary of State

Entity Name: C B R LAND INVESTMENTS, L.L.C.

Current Principal Place of Business:

6100 SE 78TH STREET
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4208
OCALA, FL 34478

New Mailing Address:

FEI Number: 84-1683090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOWLIN, MYRON K
10800 SE 95TH TERR.
OCALA, FL 34420 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: BOWLIN, MYRON K
Address: 10800 SE 95TH TERR.
City-St-Zip: BELLEVIEW, FL 34420

Title: M () Delete
Name: RICHELL, BRADLEY
Address: 1699 SW 80TH STREET
City-St-Zip: OCALA, FL 34476

Title: M () Delete
Name: CALDWELL, MICHAEL
Address: 4589 NE 2ND ST.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MYRON BOWLIN

M

05/01/2008

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