

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071408

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: LAND, BUILDING & BEYOND, LLC

**Current Principal Place of Business:**

3055 ALATKA COURT  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

3055 ALATKA COURT  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 20-3539023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HIPPALGAONKAR, RAJENDRA MD  
3055 ALATKA COURT  
LONGWOOD, FL 32779 US

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

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: MGRM ( ) Delete  
Name: ORTEGA, GREGORY MD  
Address: 803 WETSTONE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: SHARMA, NEERAJ MD  
Address: 1848 REDWOOD GROVE TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: AMILINENI, RAM MD  
Address: 5500 FORREST OAK POINT  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: MIDDLE, PRADEEP MD  
Address: 1493 SHADWELL CIRCLE  
City-St-Zip: HEATHROW, FL 32746

Title: MGRM ( ) Delete  
Name: VERMA, BISHNU MD  
Address: 1649 GOLD OAKS DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete  
Name: CABEZA, RENE  
Address: 719 TREE LINE PLACE  
City-St-Zip: LAKE FOREST, FL 32771

**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:

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 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: RAJENDRA G. HIPPALGAONKAR

MGRM

04/17/2007

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