

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071408

FILED
Jul 07, 2008
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:

932 SAXON BLVD., SUITE A
ORANGE CITY, FL 32763

FEI Number: 20-3539023 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:

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

Title: () Change () Addition
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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: RAJENDRA G. HIPPALGAONKAR

DR.

07/07/2008

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