


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90465 013 ****50.00

DOCUMENT # L05000071715

1. Entity Name
301 LAND INVESTMENTS, LLC



Principal Place of Business
**2806 US HIGHWAY 90 WEST, SUITE 101
 LAKE CITY, FL 32055**

Mailing Address
**2806 US HIGHWAY 90 WEST, SUITE 101-
 LAKE CITY, FL 32055**

40037688



2. Principal Place of Business - No P.O. Box #
**164 NW MADISON ST
 SUITE 102**

3. Mailing Address
PO BOX 3659

Suite, Apt. #, etc.
SUITE 102

Suite, Apt. #, etc.
SUITE 102

03132007 Chg-LLC CR2E083 (12/06)

City & State
LAKE CITY FL

City & State
LAKE CITY FL

Zip
32055

Country
USA

Zip
32056

Country
USA

4. FEI Number
20-3164147

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRAPPS, DANIEL
~~**2806 US HIGHWAY 90 WEST, SUITE 101
 LAKE CITY, FL 32055**~~

7. Name and Address of New Registered Agent

Name
CRAPPS, DANIEL

Street Address (P.O. Box Number is Not Acceptable)
164 NW MADISON ST

SUITE 102

City
LAKE CITY

State
FL

Zip Code
32055

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAPPS, DANIEL <input type="checkbox"/> Delete PO BOX 3659 2806 US HIGHWAY 90 WEST, SUITE 101 LAKE CITY, FL 32055 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **DANIEL CRAPPS MANAGER** 3/15/07 386-755-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #