


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90126 001 \*\*\*138.75

**DOCUMENT # L05000071715**

1. Entity Name  
**301 LAND INVESTMENTS, LLC**



Principal Place of Business  
**164 NW MADISON ST  
 STE 102  
 LAKE CITY, FL 32055**

Mailing Address  
**P.O. BOX 3659  
 LAKE CITY, FL 32056**

**60021163**



2. Principal Place of Business - No P.O. Box #  
~~2806 W US 90~~  
**SUITE 101**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**LAKE CITY FL**

City & State

Zip  
**32055**

Country  
**USA**

Zip Country

03282008 Chg-LLC CR2E083 (12/06)

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  
 164 NW MADISON ST  
 STE 102  
 LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2806 W US 90**

**SUITE 101**

City  
**LAKE CITY 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAPPS, DANIEL PO BOX 3659 LAKE CITY, FL 32056 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **4/2/08** **386-755-5110**

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