2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Secretary of State DOCUMENT # L05000095180 01-11-2007 90128 029 ****55.00 LAND ASSOCIATES VII, L.L.C. Principal Place of Business Mailing Address 2147 PORTER LAKE DRIVE 2147 PORTER LAKE DRIVE SUITE B SUITE B SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3549795 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAVARY, JOHNSON S JR. Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME W.F. SCUTT, INC. NAME STREET ADDRESS 17507 WATERLINE ROD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change □ Addition RICHARD H. ROSENBERG, INC. NAME NAME ADD, SUITE B. 2147 PORTER LAKE DRIVE SUITE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-SI-ZIP MGR ☐ Delete TITLE Change TITLE Addition KEVIN E. BRUNDAGE, INC. NAME NAME 7423 GREYSTONE ST. STREET ADDRESS STREET ADDRESS 12026 SIENA LOOP CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 TITLE ☐ Delete TITLE Change ■ Addition LAND ASSOCIATES L.L.C. NAME NAME STREET ADDRESS 2147 PORTER LAKE DRIVE Soute 3. STREET ADDRESS ADD, SUITE B. CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-Z!P

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Jan 11, 2007 8:00 am

☐ Change

Addition