

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101158

FILED
Apr 30, 2007
Secretary of State

Entity Name: ASCOT AG LAND, LLC

Current Principal Place of Business:

1000 NW 17TH AVE.
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

1000 NW 17TH AVE.
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 20-3625124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDER, GARRETT M
1000 NW 17TH AVE.
DELRAY BEACH, FL 33445 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: BENDER, GARRETT
Address: 1000 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: MBR () Delete
Name: GEVINSON, TERI
Address: 1000 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: MBR () Delete
Name: KRANSDORF, JEFFREY
Address: 1000 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GEVINSON, TERI
Address: 1000 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR (X) Change () Addition
Name: KRANSDORF, JEFFREY
Address: 1000 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

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: GARRETT BENDER

MGRM

04/30/2007

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