


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90040 019 ****55.00

DOCUMENT # L05000112583		
1. Entity Name DOTHAN LANDS, LLC		

Principal Place of Business P.O. BOX 1841 OLD CHELSEA STATION NEW YORK NY 10113	Mailing Address P.O. BOX 1841 OLD CHELSEA STATION NEW YORK NY 10113
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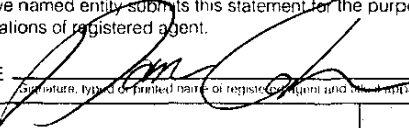
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303		7. Name and Address of New Registered Agent Name Florida Filing & Search Services Inc. Street Address (P.O. Box Number is Not Acceptable) 1333 North Duval St. City Tallahassee FL Zip Code 32303	
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4. FEI Number 84-1701465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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.

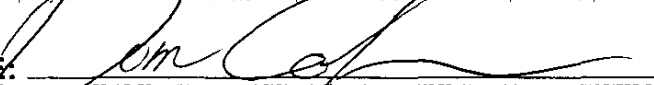
SIGNATURE  DATE _____

(Signature, typed or printed name of registered agent and not applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, DAN P.O. BOX 1841 OLD CHELSEA STATION NEW YORK NY 10113	<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	MGR COHEN, MARILYN P.O. BOX 1841 OLD CHELSEA STATION NEW YORK NY 10113	<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	MGR COHEN, KIM A P.O. BOX 1841 OLD CHELSEA STATION NEW YORK NY 10113	<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	
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	
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	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE