


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000112583 1. Entity Name DOTHAN LANDS, LLC	
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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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DO NOT WRITE IN THIS SPACE



07192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 84-1701465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES INC  
 155 OFFICE PLAZA DR.  
 SUITE A  
 TALLAHASSEE, FL 32301

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 14, 2007**

1107000770644  
07/26/07-80006-016 50.00

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

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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: Dan Cohen DAN COHEN 7/23/07 917-650-3436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #