


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000112583</b> 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
---	---

DO NOT WRITE IN THIS SPACE



09152008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 84-1701465	Applied For <input type="checkbox"/> 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

DO NOT WRITE  
IN THIS SPACE

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)      DATE

FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

1100000959971  
 09/23/08-80002-019 538.75

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*                                              9/16/08                    

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