



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 23, 2008 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



09152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 84-1701465	Applied For
	Not Applicable

5. Certificate of Status Desired **\$5.00** 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) 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
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 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* Date: 9/16/08

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