2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L05000114597

Entity Name: CES LAND 1, LLC

Current Principal Place of Business:

6522 GUNN HIGHWAY
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

6522 GUNN HIGHWAY
TAMPA, FL 33625

New Mailing Address:

FEI Number: 20-3942678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLINT, SARA K
6522 GUNN HIGHWAY
TAMPA, FL 33625 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: SUAREZ, JACK D
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

Title: MGRM ( ) Delete
Name: CLARK, JAMES R
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

Title: MGRM ( ) Delete
Name: ELLERBEE, ARCHIE M
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: CUNNINGHAM, DELTON N
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

Title: P (X) Change ( ) Addition
Name: WALTERS, BEN
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

Title: ST (X) Change ( ) Addition
Name: FLINT, SARA K
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

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: SARA K FLINT ST 04/20/2009

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