2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000001026

Entity Name: TOPLANDS, LLC

Current Principal Place of Business:

4900 W. ATLANTIC BLVD
SUITE 5
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

4900 W. ATLANTIC BLVD
SUITE 5
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-4042019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OVERTON, MARCIA
4900 W. ATLANTIC BLVD
SUITE 5
MARGATE, FL 33063 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: GRANT, DENNIS
Address: 6060 SW 7 ST
City-St-Zip: MARGATE, FL 33068

Title: MGRM ( ) Delete
Name: GRANT, YVONNE
Address: 273 NW 80 TERRACE
City-St-Zip: MARGATE, FL 33063

Title: MGRM ( ) Delete
Name: OVERTON, MARCIA
Address: 4900 W. ATLANTIC BLVD, #5
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRANT, DENNIS
Address: 4900 W. ATLANTIC BLVD. STE. 5
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARCIA OVERTON MGM 04/30/2008

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