

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90053 020 ***138.75

DOCUMENT # L06000027451

1. Entity Name

470 LAND, LLC

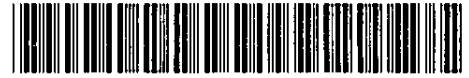


Principal Place of Business

13939 SE US HIGHWAY 441
SUMMERFIELD FL 32691

Mailing Address

13939 SE US HIGHWAY 441
SUMMERFIELD FL 32691



2. Principal Place of Business - No P.O. Box #

2915 Marion County RD
Suite, Apt. #, etc.

3. Mailing Address

2915 Marion County RD
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Weirsdale FL

City & State

Weirsdale FL

4. FEI Number

56-2604730

Applied For

Not Applicable

Zip

32195

Country

USA

Zip

32195

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEL, HERBERT W
13939 SE US HIGHWAY 441
SUMMERFIELD FL 32691

7. Name and Address of New Registered Agent

Name

Freel, Herbert W.

Street Address (P.O. Box Number is Not Acceptable)

2915 Marion County RD

City

Weirsdale

FL

Zip Code

32195

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FREEL, HERBERT W
STREET ADDRESS 13939 SE US HIGHWAY 441
CITY- ST- ZIP SUMMERFIELD FL 32691

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE Mgr
NAME Freel, Herbert W.
STREET ADDRESS 2915 Marion County RD
CITY- ST- ZIP Weirsdale FL 32195

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Register Print #